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AGENCY FOR INTERNATIONAL DEVELOPMENT
UNITED STATES OF AMERICA A I D MISSION
TO EL SALVADOR
C/O AMERICAN EMBASSY
SAN SALVADOR EL SALVADOR C A

ACTION MEMORANDUM FOR THE MISSION DIRECTOR

FROM Terrence Tiffany, SO3 Team Leader

SUBJECT. Project Assistance Completion Report of the "Maternal Health and Child Survival Project" (PROSAMI)

DATE July 6, 1999

In accordance with ADS 203 (Managing for Results Monitoring and Evaluating Performance) and USAID/EL Salvador Policy (Mission Operation Manual, Chapter 680 and 770), attached is the Project Assistance Completion Report (PACR) for the Maternal Health and Child Survival Project No 519-0367 (PROSAMI) The PACR summarizes accomplishments of the Project It includes Lessons Learned, Conclusions and Recommendations

RECOMMENDATION

That you approve the attached Project Assistance Completion Report

Approved

Disapproved

Date 28 July 1999

Attachments

Drafted by	MLobo, Activity Manager, SO3 (in draft)	Date
	MSinnitt, RP Team Leader, SO3	Date 7/20/99
Cleared by	ACMejia, SDO	Date 7/20/99
	FBreen, CONT	Date 7/23/99
	BIbarra, OCG	Date 7/28/99
	DMcFarland, DDIR	Date 7 28 99

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Office of the Controller
REVIEWED
7/22/99
DATE 7/22/99

PROJECT ASSISTANCE COMPLETION REPORT

Summary of the Project

A Purpose of the Project

The purpose of the project was to expand community based maternal health and child survival services through Private Voluntary Organizations in geographical areas where such services had been weak or nonexistent

B Project Components

The Project had three major categories of activities Delivery of Maternal Health/Child Survival Services (MHCS), Institutional Strengthening of PVOs, and Policy Development and Research The MHCS included prenatal and neonatal health promotion, nutritional supplementation and promotion of breastfeeding for the first 6 months of life, growth monitoring, control of diarrheal diseases and acute respiratory infections, reproductive health, and vaccines for 6 preventable diseases The Institutional Development provided technical assistance in training, monitoring and evaluation, technical information, and management training in finances and logistics

Some benefits of this training include having enabled the NGOs to

organize National workshops and conferences including local and international participation,

prepare workplans and strategies for sustaining and strengthening the institutional capacity, and

develop linkages between the participating NGOs and the donor community

The Policy Development, Research, and Coordination component provided a forum and mechanism for coordinating health sector activities and included collaboration with international institutions such as UNICEF, PLAN INTERNATIONAL, PAHO/WHO, UNFPA, WFP/FAO, and with the GOES Under this component the NGOs implemented agreements such as revolving funds for essential medicines (based on UNICEF's BAMACO Initiative) Other coordination included agreements with other NGOs for service delivery including with the Salvadoran Demographic Association for family planning, coordination with the National University, participation in the 1998 health survey, (FESAL 1998), and others

C Analysis of the Present Status of the Project

With the exception of 5, of the 30 NGOs who participated in the project, 25 continue to provide Maternal Health and Child Survival services However, service delivery has been reduced The NGOs either have reduced the number of people they serve, have altered the types of services they provide, or the health promoters have become volunteers Seven of the NGOs are receiving funds from other donors

II FINANCIAL STATUS

Obligated to date	Expenditures to date	Pipeline
$32,356,029 *	**$31,848,528**	**$507,501**

Final liquidations are pending

(*as of July 21, 1999)

III PROJECT ACCOMPLISHMENTS

1 The project strengthened the technical and management performance of more than 150 NGOs in El Salvador and developed a network of 36 local health-service related NGOs at one point

2 PROSAMI provided health service to approximately 440,000 rural Salvadorans This level of coverage exceeded the original project goals by 100,000 people

3 180,000 women and children had access to high quality Maternal Health and Child Survival services delivered through Salvadoran NGOs

4 The infant mortality rate in the project areas was reduced from 40/1,000 live births to 12/1000 live births

5 The maternal mortality rate was reduced to 0 in 1997 and remained there through mid-1998

6 Death due to Acute Respiratory Infections was reduced from 20/10,000 to 3/10,000

7 The project trained 602 Community Health workers, 500 Birth Attendants, and 600 Community Health Committees

8 450 rural community clinics were in full operation throughout the country as a result of project assistance

9 Many of the NGOs developed new mechanisms to sustain their programs such as establishing and operating small businesses and small factories, marketing training programs and consulting services, and other enterprises

IV EVALUATIONS AND AUDITS

A. Evaluations

In 1994, the project underwent a mid-term evaluation The evaluation team stated that "PROSAMI is a well managed and successful project which has already attained many of its objectives "

Some of the major findings included

1) The overall system has led to control by independent NGOs as opposed to central control

2) A community based health delivery system consisting of a baseline census, active case detection, simplified case management, immediate referrals of high risk patients, and health education and counseling, can effectively reduce morbidity and mortality rates

3) The total cost of the PROSAMI health care promoter program is comparatively high in absolute terms, particularly when the home office and field office costs are added to the NGO cost

The evaluation also recommended that PROSAMI and the NGO network should work with the MOH promoters This would assist the MOH in replicating the success of PROSAMI NGOs and in providing better primary health care services to rural and other communities in El Salvador It also suggested developing a local NGO network organization to facilitate and coordinate training, supervision and monitoring both within the NGO network and also provide services for non-network organizations

B Audits

Independent financial audits were carried out throughout the project for each NGO Due to disallowable costs some NGOs had to reimburse the project Strict accounting methods and controls were implemented and followed by the project

Due to a change in the allowable overhead rate there has been a delay in the audit report

V LESSONS LEARNED

1 Although each NGO had its own management style and system as well as varying abilities, PROSAMI demonstrated that a flexible system of sound administration, planning and finance could be adapted to each of the organizations' styles

2 It was demonstrated that a diverse group of indigenous NGOs can be organized into a coherent and collaborative network to effectively provide specific technical services

3 PROSAMI demonstrated that, through continuing education and close supervision, community personnel with little formal education could successfully deliver a relatively complex package of primary health care services

4 Maternal and Child Mortality and Morbidity rates can be significantly reduced through active case detection, opportune referrals, and health education and counseling especially when this is associated with adequate basic training and regular supervision

VI RECOMMENDATIONS

1 The analysis of the data gathered during the project leads to the general conclusion that most of the risk factors associated with maternal mortality could be prevented with appropriate preventive measures

2 The dialogue and coordination between the MOH and the NGOs should continue to be strengthened

3 NGOs could continue their work in communities where there is need for basic health services based on National Health Policies and based on joint planning with the MOH to prevent overlap of service delivery

4 The network of health promoters and traditional birth attendants has been technically effective and has been cost effective

5 The network of health promoters and TBAs should not only focus on child survival activities including disease prevention but also on environmental health, education, and disease eradication such as eradication of Toxoplasmosis

6 In order to maintain the lowered rates of maternal and child mortality and morbidity it is necessary to continue to provide monitoring, training and evaluation of the health promoter and supervisory personnel

VII POST-PROJECT MONITORING AND FOLLOW UP ACTIONS

It is anticipated that the pending project liquidations will be submitted by July 30, 1999 The delay has been the due to an overhead audit, which is done in Washington Based on a phone survey out of the 30 NGOs called, 25 continue to provide services albeit at a reduced rate Five, due to financial constraints, have discontinued services

VIII ANNEX

Project Assistance Completion Report prepared by Medical Service Corporation International (MSCI), December 31, 1998

RESULTADO ENTREVISTA A LAS ONG's SOBRE SU DESENVOLVIMIENTO LUEGO DE LA FINALIZACION DEL APOYO FINANCIERO PROSAMI Y SETEFE

NOMBRE ONG	Cuántos promotores ANTES / DESPUES	Los servicios de salud contiúan igual? SI / NO	Actualmente brindan servicios de salud? SI / NO	Han reducido los servicios de salud? SI / NO	Cómo ha sido esa reducción?	Tiene el mismo número de beneficiarios? SI / NO	Recibe apoyo de otros donantes? SI / NO	OBSERVACIONES
ADEMUSA	35 4	x	x	x	1)menos beneficiarios debido a la reducción de promotores, 2)menos medicamentos	x	x	Los promotores actuales son voluntarios
AMS	19 18	x	x	x		x	x	1)Están implementando el método de atención médica a la par de educación por medio de charlas 2)Siguen con PROCIPOTES y están negociando con GTZ para abrir un centro de adolescentes en San Miguel
AMCS	10 10	x	x	x	Se atiende según posibilidades	x	x	
ASPS	11 11	x	x	x		x	x pero finaliza en febrero	Han formado una red de promotores con fondos provenientes del PNUD y Bélgica (MITCH)
CODECA	9 9	x	x	x	1) la atención se ha reducido a medio tiempo, reducción drástica de medicamentos	x	x	La ayuda es del PNUD en la parte de Salud Reproductiva
CODELUM	20 20	x	x	x	Reducción de personal técnico	x	x	

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NOMBRE ONG	Cuántos promotores ANTES / DESPUES	Los servicios de salud contiúan igual? SI NO	Actual-mente brindan servi-cios de salud? SI NO	Han reducido los servicios de salud? SI NO	Cómo ha sido esa reducción?	Tiene el mismo número de benefi-ciarios? SI NO	Recibe apoyo de otros donantes? SI NO	OBSERVACIONES
CONAMUS	25 15	x	x	x	1) reducción de promotores, 2) reducción atención al beneficiario	x	x	1) Absorbieron 5 promotores de FASTRAS 2) De no encontrar donantes cerrarán aprox en marzo/99
COSDECSAM								NO CONTESTAN TELEFONO
O E F	31 28	x	x	x	Los promotores asumieron más población a su cargo	x	x	1) El MdSalud cubre el 30% de los beneficia-rios actuales 2) Man-tienen la cobertura Proy PROCIPOTES pero con personal reducido
PROGRESO	12 12	x	x	x		x	x	La cobertura se mantiene debido a la ejecución de un proyecto que no pertenece a PROGRESO pero si está supervisado por ellos
FUSAL OK								FUSAL manifiesta que no ha recibido apoyo de PROSAMI Sí reciben ayuda de SETEFE pero en forma globalizada proyecto de salud y saneamiento ambiental)
FUNSAL/ PRODESE OK								Manifiestan que no recibieron apoyo financiero Solamente asistieron a 2 capacitaciones de tipo administrativo

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NOMBRE ONG	Cuántos promotores ANTES / DESPUES	Los servicios de salud continúan igual? SI NO	Actualmente brindan servicios de salud? SI NO	Han reducido los servicios de salud? SI NO	Cómo ha sido esa reducción?	Tiene el mismo número de beneficiarios? SI NO	Recibe apoyo de otros donantes? SI NO	OBSERVACIONES
FUNDASIDA OK								No recibieron apoyo financiero solamente apoyo técnico
APROSAI OK								No recibieron apoyo financiero solamente apoyo técnico
########	##########	#########	########	#########	##################	#########	#########	######################
AGAPE	16 16	x	x	x		x (ha incrementado un poco	x	
ADHU	9 17	x	x			x (ha aumentado a 20,055)	x	1) Se han incorporado proyectos integrales 2) la ayuda proviene de España y Akwaba
PROCADES	20 18	x	x	x	El promotor está atendiendo en su comunidad, con los recursos que le quedaron	x (ha aumentado)	x	
ASALDI	13 0	x	x	x	No hay atención por falta de ayuda financiera	x	x	Del UNFPA reciben solamente apoyo técnico
ASOC MADRE CRIA	20 0	x	x	x	Solamente se está dando el medicamento que se tenía en existencia	x	x	
ASAPROSAR	23 23	x	x	x	1)La población ha aumentado de 24,000 a 33,000, b)los procedimientos han cambiado acorde al MdeS	x	x (por el momento)	Proyecto PROCIPOTES continúa con fondos propios

NOMBRE ONG	Cuántos promotores ANTES / DESPUES		Los servicios de salud contiúan igual? SI / NO	Actual-mente brindan servi-cios de salud? SI / NO	Han reducido los servicios de salud? SI / NO	Cómo ha sido esa reducción?	Tiene el mismo número de benefi-ciarios? SI / NO	Recibe apoyo de otros donantes? SI / NO	OBSERVACIONES
OPRODE	18	4	x	x	x		x		
CALMA	31	17	x	x	x		x	x Kellogs Found , CALMA y UNICEF	1) Han disminuido los beneficiarios de 35,000 a 24,886 2) Se dará una atención más integral
CIRES	11	11	x	x	x		x	x	Están tratando, dentro de sus posibilidades, de brindar los mismos servicios de salud
FUNDECO	9	4	x	x	x	Atención reducida con los promotores actuales	x	x	AGAPE está coordinando con FUNDESO las visitas y consultas a las comunidades
FUNDAC KNAPP			x	x					No se obtuvo mas información
FUMA	24	4	x	x	x	Ya no se trabaja en las mismas zonas geográficas, han quedado descubiertas	x	x	FUMA está implementando un nuevo modelo de atención en salud
ASIPES	20	6	x	x	x	La atención se ha reducido a únicamente salud reproductiva y planificación	x	x	
IDEA	13	0	x	x	x	Los servicios de salud se están dando esporádicamente	x	x	Debido a la falta de donaciones no se puede comprar medicinas ni equipo médico
COMUS	10	4	x	x	x	Hay más limitación en personal técnico	x	x (FIA, pero es limitado)	

NOMBRE ONG	Cuántos promotores ANTES / DESPUES	Los servicios de salud continúan igual? SI NO	Actual-mente brindan servi-cios de salud? SI NO	Han reducido los servicios de salud? SI NO	Cómo ha sido esa reducción?	Tiene el mismo número de benefi-ciarios? SI NO	Recibe apoyo de otros donantes? SI NO	OBSERVACIONES
ORMUSA	20 3	x	x	x	Solamente se ofrece asesoría en salud	x	x (FIAES)	No hay asistencia sistemática de promotores ni de personal técnico
PADECOMSM	10 8	x	x	x	Finalizaron las visitas a domicilio	x	x	

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MATERNAL HEALTH AND CHILD SURVIVAL PROJECT
PROSAMI/MHCSP

FINAL VERSION

PROJECT ASSISTANCE COMPLETION REPORT

Cooperative Agreement No. 519-0367-A-00-0188-00

December 31, 1998

Medical Service Corporation International (MSCI)
1716 Wilson Boulevard
Arlington, VA 22209

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ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ADS	Salvadoran Demographic Association
ARI	Acute Respiratory Infection
CLAP	Latin American Center of Perinatology
CDD	Control of Diarrheal Disease
CHW	Community Health Worker
CONSALUD	Consorcio de Organizaciones de Utilidad Publica para la Salud y el Desarrollo Sostenible
CS	Child Survival
CSS	Salvadoran Health Corporation
DCM	Diarrhea Case Management
DPT	Diphtheria, Pertussis, and Tetanus
EPI	Expanded Program in Immunization
FIAES	Fondo Iniciativa para las Americas, El Salvador
HIV	Human Immunodeficiency Virus
IHPB	Integrated Health Planning and Budgeting
IMCI	Integrated Managemenf of Childhood Illnesses
LAM	Lactation Amonorrhea Method
LB	Live Birth
LBW	Low Birth Weight
MSCI	Medical Service Corporation International
MOH	Ministry of Health
MHCS	Maternal Health and Child Survival
MHCSP	Maternal Health and Child Survival Project
MNC	Maternal and Newborn Care
NGO	Non-governmental Organization
ORS	Oral Rehydration Solution
ORT	Oral Rehydration Therapy
PACD	Project Assistance Completion Report
PAHO	Pan American Health Organization
PROSAMI	Proyecto de Salud Materna y Supervivencia Infantil
PCM	Pneumonia Case Management
PVO	Private Voluntary Organization
RFEM	Rotatory Fund of Essential Medicines
SETEFE	Technical Secretary for External Finances
STD	Sexually Transmitted Disease
T/TA	Training and Technical Assistance
TBA	Traditional Birth Attendant
TFR	Total Fertile Rate
UNICEF	United Nations International Children's Emergency Fund
USAID	United States Agency for International Development
UNFPA	United Nations Funds for Population
WFA	Women of Fertile Age
WFP	World Food Program
WHO	World Health Organization

I EXECUTIVE SUMMARY

Introduction

- The Maternal Health and Child Survival Project ***"Proyecto de Salud Materna y Supervivencia Infantil"*** (PROSAMI) was designed in 1990, through funding from U S Agency for International Development (USAID) The Project was implemented in all 14 Departments of El Salvador by Medical Service Corporation International (MSCI), Arlington, Virginia, through a network of 36 local NGOs

- The ***mission*** of the PROSAMI project is to promote a more equitable distribution of basic health services in rural areas of El Salvador Particularly in those areas that were under-served due to 12 years of armed conflict and related areas geographical isolation The Project's objective is to support sustainable health activities by increasing community participation through a broad based network of local Non-Governmental Organizations (NGOs)

The main activities of the Project are grouped into three interrelated components Those components are as follows

I Maternal Health and Child Survival (MHCS) Services

This component provides technical and financial support for MHCS primary and secondary prevention services in

- Reproductive Health
- Prenatal and Neonatal Health promotion
- Nutrition supplementation and promotion of breast feeding for the first 6 months of life
- Growth and Development monitoring
- Vaccine delivery for 6 preventable diseases
- Diarrhea Diseases Control
- Control of Acute Respiratory Infections

II Institutional Development of Non-Governmental Organizations

This component provides technical assistance in

- Training, monitoring and evaluation support for technical services and financial and logistical management
- Building of skills in technical areas as well as the management, financing and delivery of community health services
- Organizing National Workshops and conferences including both local and international participation

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- Preparing work plans for sustaining and strengthening the institutional capacity of NGOs
- Developing linkages between the participating NGOs and the donor community
- Gathering and disseminating of technical and programmatic information

III Policy Development, Research and Coordination

This component promotes a forum and mechanisms for coordinating Health sector activities through

- Collaborating with multiple international institutions such as UNICEF, PLAN INTERNATIONAL, PAHO/WHO, UNFPA, WFP/FAO, National Family Secretary (Secretaria Nacional de la Familia)

- Implementing agreements such as rotating funds for essential medicines in accordance with the BAMACO initiative with UNICEF, World Food Program - El Salvador 4508 with FAO

- Actively participating with several national and local organizations such as the Salvadoran Demographic Association (ADS), National University, National Health Committees for Health Reform, Inter-institutional Committee for the Assessment of Health Costs, FESAL 98, Health Reform National Committees on Reproductive Health, TBA's, IMCD, which are chaired by the Ministry of Health

A PROSAMI's Record of Accomplishments (1990-1998)

- The Project has strengthened the technical and management performance of more than 150 NGOs in El Salvador and developed a network of 36 local health-service- related NGOs

- PROSAMI has provided health services to approximately 25% of the rural population of El Salvador (440,000 persons) This level of coverage exceeded the original project goals by almost 30% or 100,000 persons

- Since 1997 180,000 women, children and their families have access to previously unavailable maternal health and child survival services of high quality, through the activities of ten participating NGOs

- The infant mortality rate in the participating areas has been reduced from 40/1,000 live births to 12/1,000 live births

- Maternal mortality has been maintained at <u>zero</u> from 1997 through mid 1998

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- Deaths due to Acute Respiratory infection have been singnificantly reduced from 20/10,000 children to 3/10,000 children

In 1996, USAID, transferred the supervision of eighteen of the original NGOs to the Salvadoran Ministry of Health These organizations continue to operate under the model developed through the Project's participating NGOs, and have taken additional steps to sustain health service delivery beyond the project PACD

- Comprehensive Reproductive Health care and education efforts have been developed In 1998 a significant increase in the use of modern methods of family planning in eligible women was realized The use of injectable contraceptives increased to 64%, oral contraceptives to 27%, and condoms to 9%, compared with figures in 1996

- Cancer prevention and education measures including cervical cytology have been extended to 73% of the target population of 16,000 WFA

- The Project has promoted financial accountability and transparency through ongoing training, monitoring and evaluation of NGO financial and administrative activities These efforts were directed towards NGO institutional strengthening In addition, annual NGO audits were performed by independent accounting firms that attested to the financial integrity and controls implemented by the project

- PROSAMI has successfully implemented the activities of the program within budget and on time thereby demonstrating cost effectiveness and efficiency

B PROSAMI Network and Infrastructure

PROSAMI has established effective community participation and a sense of "local ownership" of project activities through proactive coordination between local NGOs and their communities

- The Project involves the community at all stages of implementation, thereby establishing an effective local work force to sustain activities after project completion

- PROSAMI has designed and implemented a uniform methodology for providing health services During the life of the project, PROSAMI has developed and trained the following personnel

  - ❖ 602 Community Health Promoters
  - ❖ 500 Traditional Birth Attendants
  - ❖ 600 Community Health Committees

- 450 Rural Community Clinics are in full operation throughout the country as a result of Project assistance

- Risk Mapping for over 500 rural hamlets of El Salvador has been completed by Project and NGO personnel

- Detailed database of current health related information, statistics and indicators have been designed and implemented through the Project to guide operations and measure progress in rural areas

With technical assistance from the Latin American Center of Perinatology (CLAP), The Pan-American Health Organization (PAHO), and Family Health International, uniform criteria and standard formats have been developed to provide services that comply with the regulations of the Ministry of Health

C Sustainability

- The network of local NGOs organized by PROSAMI is well suited to sustain technical services to a large population

- Community human resources, with little formal education, were trained by PROSAMI and have been successful in providing relatively complex health services that resulted in observable improvements in community health conditions

- The use of active case detection, simplified case management, timely referrals, health education and counseling delivered by well-trained and supervised personnel was instrumental in significantly reducing maternal and child morbidity and mortality

- The participating NGOs use flexible management styles and structures well suited for different skills and capacities Emphasis on flexible management and administration was instrumental in the successful development of NGO infrastructure responsive to communities needs

- The transition of NGOs from technical service provider to a well balanced mix of skills including technical, financial and managerial capabilities, is an important step in fostering sustainable activities though the network of NGOs Individual and group planing by each organization on program sustainability, institutional permanence and financial self-sufficiency facilitated these results

- Many of the NGOs working with PROSAMI have developed sophisticated and creative ways for supporting their programs They also serve as models for establishing and operating small businesses, small factories, training

programs, consulting assistance, agriculture, and related development enterprises

D Project Transition Period

The PROSAMI project has made an important and lasting impact on rural health service providers and the population served The close relationship developed with USAID and the communities has resulted in a "partnership", which has produced rewarding results in the health sector of El Salvador

During the life of the Project an efficient health provider network has been established, this is almost exclusively operated by locally trained staff This staff has demonstrated consistent progress toward quantifiable and measurable goals

The achievements made, and the lessons learned, will serve as the foundation for continued community based health services supported by a well trained network of local NGOs The importance of this effort, and the insuing transition period, are crucial to ensuring that valuable momentum is preserved

II BACKGROUND

The twelve years of civil conflict in El Salvador had prevented access of public health services to rural communities in significant portions of the country Massive population displacement from conflictive areas have increased the demand on urban service delivery, leaving remote rural communities in non-conflictive areas, also, relatively unattended Thus a large portion of the country, lacked basic health care for over a decade

During the armed conflict, international cooperation was geared to ameliorate the social effects of the war A number of non-governmental organizations (NGO's) located in remote areas complemented the governmental social assistance These NGOs were identified for their agility and promptness to provide services, also the relations established with local communities facilitated their work

The internal conflict in El Salvador also placed a severe budgetary strain on the public sector The constant need for the Government to repair damages severely limited social service expansion in the country Nevertheless, the Ministry of Health (MOH) was able to achieve some improvement in health indicators and, with assistance from international donors, had planned to expand community level health services to many areas of El Salvador However, large areas, primarily in the more remote parts of the country, which lack access to basic health care were not able to be reached though the national health system in the late 1980's and early 1990's Consequences of this gap in services were noted in the health status of populations most affected by the conflict, namely the rural and marginal urban poor

In 1990, USAID Mission in El Salvador contracted Medical Service Corporation International (MSCI), Arlington, Virginia, to implement the Maternal Health and Child Survival Project (MHCSP) to help reduce the gap in basic health services The Project widened tne scope and improved the efficiency and effectiveness of the health care programs of Salvadoran non-governmental organizations (NGOs) to help them reach rural sectors

Although health data was unreliable, official reports in early 90's recflected an infant mortality rate between 42 and 55/1,000 live births, with over 50% of deaths occurring in the neonatal period (28 days) The five prevalent causes of death for children 0 – 5 years of age were diarrheal disease and dehydration acute respiratory infections, low birth weight/prematurity, congenital anomalies and birth trauma/asphyxia

Maternal death was due to hemorrhage, sepsis, and pre-eclampsia Over 50% of deliveries were attended by Traditional Birth Attendants (TBAs), families, husband and 13% did not receive trained assistance El Salvador has the highest rate of cervico-uterine cancer in Latin America with 847/100,000 women

with positive diagnoses Approximately 53% of women between 14 and 44 years used some form of contraceptive ANSAL 93 reported that utilization of family planning methods had not improved since 1973

III PROJECT DESCRIPTION

The overall mission of the PROSAMI project was 1) To promote the equitable distribution of basic health services in rural areas of El Salvador which lacked access to health care due to the combination of geographical isolation and the effects of a long and devastating armed conflict, and 2) To promote sustainable health activities by increasing community participation through a broad base network of local Non-Governmental Organization (NGOs)

The project purpose was to expand community based maternal health/child survival (MHCS) services to those areas of El Salvador where such services have been weak or nonexistent This expansion of services was achieved by assisting local NGOs, which were working in the health sector at the time of implementation of project activities

By the end of the project, almost 25% of the country's poorest and at highest risk, rural and marginal urban communities had improved access to quality maternal/child health care and child survival services

The project began its first year of implementation in the midst of an ongoing and continuing armed conflict In spite of this situation, the original nine NGOs that were funded by the project in 1991, worked closely with both sides of the conflict and, under the banner of medical neutrality, were able to provide much needed medical and health related services in these areas to a population of 148,000, including 5,180 infants, 20,000 children from 1 – 5 years and 30,000 women of fertile age

By 1991, all commodities and medicines necessary for implementation of first phase, through the Project's NGOs were defined, procured, and received at the Project's warehouse Initial orders for pharmaceuticals and selected commodities were placed in late 1990, with the bulk of commodity procurement implemented in early 1991 through USAID During 1991, the warehouse was equipped and monitoring and distribution systems were developed with the assistance of short-term TA

CHOLERA IN EL SALVADOR

A cholera outbreack ocurred in 1991, with over 14,000 cases reported by 1993

In response to NGO concerns about the lack of ORS as first-line treatment for cholera, and requests from both the Ministry and USAID, the Project opened its warehouse to the entire NGO community and began distributing packets of Oral Rehydration Salts By the end of the year, 50 NGOs had received ORS for use in all Departments of the country and the Project had distributed a total of 153,3375 packets of salts, covering the ORS needs for cases of cholera and acute diarrhea for an estimated 1,241,357 persons or 22 5 percent of the Salvadoran population

Initial long-term training (3 months) of 69 community-level NGO s health promoters was completed for seven NGOs in the First Round of NGOs In addition, 49 health promoters from 4 NGOs received intensive three-month long training in four of the five MOH Health Regions The promoters came from remote rural communities in the Departments of San Miguel, La Libertad, San Salvador, Cuscatlan, Ahuachapan, Chalatenango, Sonsonate and Cabañas

In 1991, PROSAMI/MSCI signed an agreement with the MOH to include NGOs health promoters in what had previously been exclusively MOH health promoter training This marked the first time in El Salvador that health promoters from private voluntary organizations participated in MOH training and, more significantly, was the first time that such close collaboration was accomplished between the public and private Salvadoran health sectors

In 1992 a peaceful resolution to the conflict was reached The resulting end of hostilities, and the cease-fire, again led to further population movement This time, the movement was primarily by the displaced families that were returning to their original homes and communities That same year, MSCI identified the second group of NGOs for funding and selected an additional eleven NGOs to implement project activities Basic health services expanded through this second group brought the project coverage to a population of 266,000 The target population to be served was defined as infants (<1 year old 9,320), women in fertile age (15 – 49 years 53,000), and children (aged 1 to 5 years old 35,000)

During the period 1991 to 1993 the NGO network expanded from 9 to 20 NGOs In 1993, the project completed the third and final NGO funding round and selected an additional 17 NGOs to implement four-year projects This brought the total number of organizations within the network to 37, serving 440,000 persons, 15,000 infants, 60,000 children (1 to 5 ears) and 89,000 women of fertile age Seven NGOs ceased to be part of the network from 1993 to 1996

The number of trained health promoters increased to 532, by the end of 1993 The Project had funded twenty, 3-month training courses to NGOs rural community health promoters, seven of these courses were contracted through the MOH The NGOs conducted 13 courses with close Project supervision

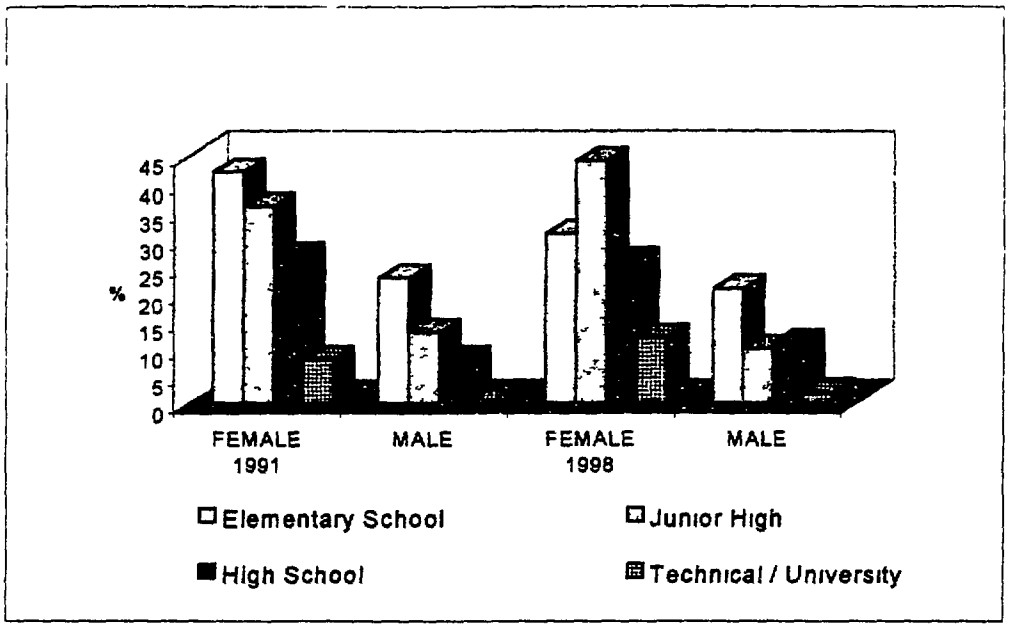
In 1993, one hundred promoters were trained by a group of NGOs called "The Salvadoran Health Corporation" (CSS) with economic support by PROSAMI This group organized the "Julio Castro Community Training School" in Usulutan Project technical staff worked closely with CSS in the 3 months training course The culmination of training was the official recognition by the MOH of an activity conducted outside of its responsibility This recognition continued through 1998 for training of promoters by NGOs as well as for training of TBAs by PROSAMI in coordination with NGOs and MOH/Departments

Characteristics of Health Promoters

1 Community leaders
2 Willing to work and live in the communities
3 Age more than 18 years of age
4 Competence in reading and writing

Almost 80% of all health promoters are women Emphasis was placed on recruitment and training of health promoters to stimulate community awareness and participation in preventive, educative health measures and in support of the health promoter's activities The evolution and impact of health promoters in their communities is evident in the changes in the construction of their homes and advancement of schooling In 1993 40% of female Health Promoters had elementary school education and 38% Junior High This has changed in 1998 to 27% of elementary school, 43% Junior High and 10% had finished technical schools or 2-year university degrees (Graph No 1)

HEALTH PROMOTER'S YEARS OF SCHOOLING AT THE BEGINNING AND END OF PROJECT BY GENDER
Graph No 1



By the end of 1995, the project had extended to 25% of the rural Salvadoran population, and was present in 122 municipalities, 422 villages *(cantones)* and approximately 1,500 rural villages *(caserios)* located throughout the 14 departments of the host country and the total population served reached 440,000 people

In 1994 and 1995, the NGOs, under Project guidence, continued to implement the Maternal and Child Health project throughout El Salvador, increasing efficiency and effectiveness in all components of the financial as well as technical areas By the end of this period, the project had reduced infant, child and maternal mortality rates in communities served by the project, to levels significantly lower than those expected for rural communities overall, as shown in Table No 1

PROSAMI HEALTH INDICATORS FOR 1994, 1995 – COMPARED WITH FESAL 1993

Table No 1

	FESAL 93	PROSAMI	
		1994	1995
Maternal Mortality Rate per 100,000 births	158	104	105
Infant Mortality rate per 1,000 births	41	23	20
Child Mortality rate per 1,000 children 1 – 5 years	12	2	0 7

The unacceptably high number of maternal deaths in the PROSAMI communities provoked a series of changes and reassessment of technical activities

PROSAMI studied the causes of death, analyzed the information recorded and conducted verbal autopsies The results led to improvements in technical monitoring in the field, training to supervisors and health promoters in specific areas of maternal health care Substantial efforts were also made to train traditional birth attendants (TBAs) and incorporate their services as an important component of rural health chain of services

Most of the TBAs were older women, and many were illiterate with some harmful beliefs and practices due to lack of information These qualities made them a high risk for maternal and neonatal mortality The MOH was informed of this situation and, for the first time several technical personnel from the NGOs were invited to participate in training as "TBAs Facilitators" to become trainers of TBAs This activity was organized by the MOH with support from PAHO and the Netherlands Project Seven NGOs technicians were trained and certified in 1994, 111 in 1995 and 39 in 1997 A total of 163 technicians were trained through this program (57%), therefore increasaing the training abilities of the NGOs

The Maternal Mortality that has maintaned a rate of 0 11/1,000 WFA during 1994 and 1995, dropped to 0 05/1,000 in 1996 and reached zero Maternal Mortality for 18 months between 1997 – 1998

Through the administration and coordination provided by PROSAMI the network of NGO's had gained credibility, not only with the government of El Salvador, but also with international donors such as UNICEF and PAHO These efforts provided important technical and financial transparency in the health sector as well as to cooperating agencies such as the Embassy of the Netherlands, PLAN International, UNFPA, Knights of Malta, German Cooperation Agency, and others

The idea of forming a permanent Salvadoran entity to nationalize the PROSAMI project and represent the NGOs had been discussed between USAID and MSCI and the NGO network since 1993 This idea was of interest to the NGOs who met in 1994 They decided to form a consortium called CONSALUD (Consorcio de Organizaciones de Utilidad publica para la Salud y el Desarrollo Sostenible) At the end of 1994, CONSALUD was presented formally in an inauguration funded by MSCI at which the Minister of Health gave the inaugural address With MSCI's assistance, CONSALUD presented the PROSAMI model for service delivery as CONSALUD's own in a seminar on decentralization of the sector

In 1995, CONSALUD and MSCI negotiated the Annual Plan and Budget and a Sub-Agreement was signed and CONSALUD began organizational setup In 1996, MSCI continued to fund CONSALUD to implement the transfer of the PROSAMI project to a local NGO MSCI provided CONSALUD with substantial support including funding, loans of personnel, equipment and supplies and vehicles, office space, TA and training as well as the transfer of methodologies and systems developed under the PROSAMI project

Between 1995 – 1996 USAID went through a major institutional reengineering process to enable the Agency to improve administrative and management systems, increase agency efficiency, improve client involvement in project design, implementation and evaluation and ultimately have a more sustainable impact on development [1]

The Mission reassessed its goals and tactics leading to several project changes Support to CONSALUD was terminated It was realized that the diverse knowledge and experience gained through five years of project implementation and management could not easily be transferred to a fledgling organization The most experienced and stronger NGO's (Eighteen) from the PROSAMI network were transferred to the Ministry of Foreign Affairs under a pilot project with USAID funds administered by the Technical Secretary for External Finances (SETEFE) to continue serve the rural communities but under the direct supervision of the Ministry of Health Twelve of the NGOs continued to receive funding through PROSAMI, while funding for the remaining four NGOs was ended

[1] USAID/OHE/March 25, 1996

The twelve (12) NGOs in the network in 1997 included 35 technical staff (Physicians, nurses, MCH technicians) 179 health promoters and 223 trained TBAs, serving 180,000 people in 11 Departments of the rural El Salvador

With USAID approval, MSCI assisted the 12 NGOs in the network that did not have legal status to prepare and file the necessary documentation to become legaly registered NGOs The legal registration was necessary to access funding from government sources and be eligible for future subcontracting with MOH An unregistered status reduced the NGO's possibilities for sustainability in the long term It also limited the coordination between effective caregiver organizations within the health sector

The "NGOs Law" passed by the Salvadoran legislature in December 1996 did not affect any of the NGOs in the network The NGOs in the network had the necessary systems, infraestructure and legal status to comply with the new regulations

Through 1998, the project has continued to provide primary and secondary health services to high-risk communities and focused on capability development and strengthening of key local NGOs Each year, the project has achieved an increase in the population covered by participating NGOs, a reduction in the rate of incidence of target illnesses and health conditions and the strengthening of key local health institutions to support the sustainability of services provided beyond the PACD

IV PROJECT COMPONENTS

The Project was divided into three main categories for the implementation of activities These categories were

Category I Maternal Health/Child Survival Service Delivery

This category was designed to provide technical and financial support to NGOs for direct service delivery and the provision of a range of MHCS primary and secondary prevention services in

- Maternal and Reproductive Health
- Prenatal and Neonatal Health
- Growth and development monitoring
- Vaccines delivery for 6 preventable diseases of childhood
- Nutrition and Exclusive Breast feeding to 4 months
- Diarrhea Disease Control
- Control of Acute Respiratory Infection
- Community Health Education
- Traditional Birth Attendants Training and Technical Assistance
- Water and Sanitation support activities

Category II. Institutional Strengthening of NGOs

This category was designed to provide technical assistance and training to NGOs to strengthen, institutionalize and expand their abilities in management, finances and the delivery of community services through the following activities

- NGO training, monitoring and evaluation support for technical services and financial management
- Expansion of technical abilities in administration and management
- Implementation of accounting controls
- Financial systems and management including cost accounting, payroll, financial reporting
- Inventories, commodities and purchasing
- Organization of National Workshops and conferences
- Development of sustainability and the coordination with the donor community
- Scientific data gathering
- Training and dissemination of information

Category III· Coordination, Policy Development and Research

This Category was designed to promote a forum and mechanisms for coordinating health sector activities with the MOH, other USAID supported projects, donor agencies and other NGOs and PVOs, through

- Collaboration with international institutions
- Joint project implementation with national and international institutions
- Participation in activities geared to the modernization of the health sector
- Assistance in the implementation of bilateral agreements
- Participation with health sector agencies and institutions
- Policy and strategy development

V PROJECT IMPLEMENTATION

The project implementation strategy has been the selection and development of NGOs to form an integrated network focusing on sustainable health services delivery which could effectively achieve the project goals

The level of involvement with NGOs could be divided into three specific areas

1) A first group consisted of NGOs implementing the Maternal Health and Child Survival Project in rural areas, following guidelines of the MSPAS and under the administration of PROSAMI/MSCI

2) The second group consisted of all Health NGOs in El Salvador, who were provided with access to information and, participation in the screening process prior to acceptance in the project's network

3) A third group of NGOs working on health and AIDS/STD prevention that were identified and selected in 1997 to receive training, technical assistance, medicines, but not financial support

The selection process developed in 1990 – 1991 and used for the NGOs that would receive funding and technical assistance was conducted using a transparent methodology, which was based solely on technical criteria

The selection process consisted of an open invitation to NGOs providing health services in rural areas PROSAMI developed the following steps for selection

- Proposal materials and selection criteria were sent to all (200) national health NGOs
- Open workshops were held for all interested NGOs
- NGOs submitted formal proposals
- Using pre-determined criteria, a five person Selection Team rated all proposals received
- A selected group of NGOs was identified and field visited based on proposals submitted
- Final selection of participating NGOs was made

The characteristics for the selection of the group of NGOs to form the network were

1 Heterogeneous mixture of Salvadoran NGOs, including Catholic NGOs, Women's NGOs, Evangelical Protestant NGOs and-integrated development NGOs

2 All NGOs, in addition to health, also work in areas such as Agriculture, literacy, rotating loan funds, Micro-enterprise, vocational training and reforestation

3 All NGOs had at least 10 years working experience
An NGO was selected if its proposal meets the following criteria

1 Goals and objectives must be compatible with PROSAMI to Improve health status of children 0-5 years and women of fertile age 13 to 49 years

2 Proposal designed to cover needs of rural and periurban communities

3 The proposal aim at high risk communities, located at least 5 Km from the nearest health service, and with characteristics such as
- Absence of health professionals
- Low level of health indicators for children less than five years old
- Geographically inaccessible or post-war areas

4 The project must not duplicate health services provided by private or public institutions

5 Emphasis must be placed on the implementation of health activities aimed to reduce maternal and child morbidity and mortality due to

- Lack of prenatal, partum and post partum services
- Inadequate intergenesic space
- High rate of diarrheal disease
- High morbidity and mortality due to acute respiratory infections
- Reported child malnutrition

6 Proposal must describe a cost-recovery plan and sustainability

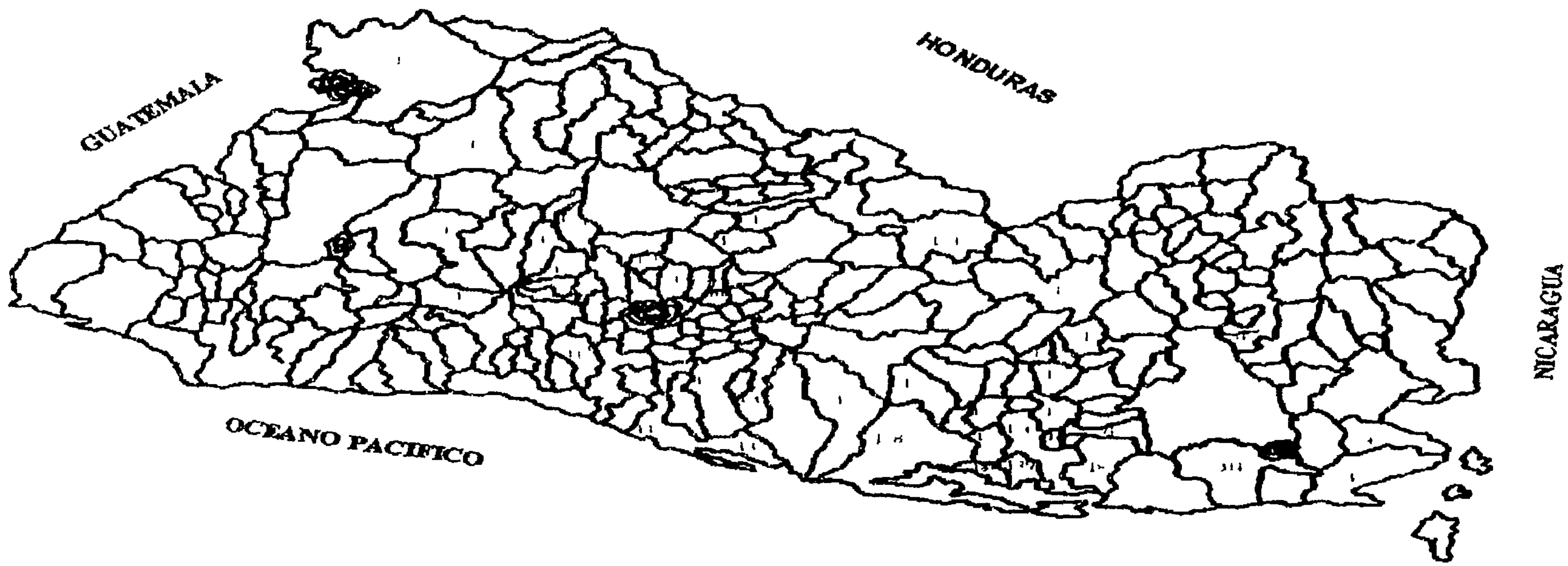
7 The project objectives must be accomplished during the life of the project

8 There is clear and significant participation of the community leaders, Traditional Birth Attendants (TBAs), promoters and community groups

9 In the event of medical interventions, the NGO must have a qualified health professional in the staff to provide high quality medical services

Thirty-seven NGOs selected in three rounds between 1991 – 1993, formed the Maternal health and Child Survival Project network and were distributed in rural areas of 14 Departments of the country as shown in Figure 1 and Table 2

FIGURE No 1



19

AHUACHAPAN

[illegible]

SANTA ANA

[illegible]

SONSONATE

[illegible]

CHALATENANGO

47 [illegible] TEPEQUE
61 [illegible]
[illegible]
[illegible] ALMA
[illegible]
[illegible]

LA LIBERTAD

[illegible]
[illegible] VILLANUEVA
[illegible]
[illegible] HICO
[illegible]

SAN SALVADOR

98 MEJICANOS
100 CIUDAD DELGADO
102 AYUTUXTEPEQUE
103 TONACATEPEQUE
104 GUAZAPA
106 APOPA
107 NEJAPA
109 PAISNAL
112 PANCHIMALCO

CUSCATLAN

116 COJUTEPEQUE
117 S P PERULAPAN
118 TENANCINGO
124 STA CRUZ MICHAPA
125 S B PERULAPIA
129 SUCHITOTO
130 SAN JOSE GUAYABAL
131 ORATORIO DE CONCEP

LA PAZ

133 SGO NONUALCO
134 SAN J NONUALCO
137 STA MA OSTUMA
138 S L HERRADURA
146 S FCO CHINAMECA
149 SAN PEDRO P

CABANAS

154 SENSUNTEPEQU
157 SAN ISIDRO
158 GUACOTECTI
159 ILOBASCO
160 TEJUTEPEQUE
161 JUTIAPA

SAN VICENTE

168 TECOLUCA

USULUTAN

176 USULUTAN
177 STA ELENA
178 JIQUILISCO
179 SAN DIONISIO
181 EREGUAYQUIN
182 OZATLAN
183 C BATRES
185 PTO EL TRIUNFO
186 JUCUAPA
188 EL TRIUNFO
193 TECAPAN
196 SAN AGUSTIN
198 S FCO JAVIER

SAN MIGUEL

199 SAN MIGUEL
200 CIUDAD BARRIOS
201 MONCAGUA
203 CHAPELTIQUE
204 CHIRILAGUA
206 COMACARAN
207 CHINAMECA
209 S R DE ORIENTE
210 EL TRANSITO
211 LOLOTIQUE
213 SESORI
214 S L DE LA REINA
215 CAROLINA
216 NVO EDEN DE S J
217 SAN GERARDO
[illegible]

MORAZAN

222 GUATAJIAGUA
224 SOCIEDAD
225 YAMABAL
226 SENSEMBRA
231 CACAOPERA
236 CORINTO
237 JOCOAITIQUE
238 EL ROSARIO
239 JOATECA
240 MEANGUERA
241 ARAMBALA
242 PERQUIN
243 SAN FERNANDO
244 TOROLA

LA UNION

245 LA UNION
251 CONCHAGUA
252 INTIPUCA
257 ANAMOROS
259 NVA ESPARTA
261 POLOROS
262 LISLIQUE

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NGO DISTRIBUTION BY ROUND
Table No 2

First Round NGOs (1991)

1 Asociacion Agape de El Salvador
2 Asociacion Madre Cria
3 Asociacion para el Desarrollo Humano (ADHU)
4 Asociacion para la Organizacion y la Educacion Empresarial Femenina de El Salvador (OED de El Salvador)
5 Asociacion Salvadoreña de Promocion, Capacitacion y Desarollo (PROCADES)
6 Asociacion Salvadoreña para el Desarrollo Integral (ASALDI)
7 Asociacion Salvadoreña Pro-Salud Rural (ASAPROSAR)
8 Fundación Salvadoreña para el Desarrollo de la Mujer y el Niño (FUNDEMUN)
9 Organizacion Profesional de Desarrollo (OPRODE)

Second Round NGOs (1992)

1 Asociacion de Mujeres Campesinas Salvadoreñas (AMCS)
2 Asociacion Salvadoreña para el Desarrollo Humano (ASADEH)
3 Asociacion Salvadoreña Promotora de Salud (ASPS)
4 Centro de Apoyo de Lactancia Materna (CALMA)
5 Comite de Integración y Reconstrucción para El Salvador (CIRES)
6 Coordinadora Nacional de la Mujer Salvadoreña (CONAMUS)
7 Fundacion Cuscatlán "Manuel Franco" (FUNDAC)
8 Fndacion Knapp
9 Fundacion Maquilishuat (FUMA)
10 Fundacion marco Antonio VÁsquez (FUNDAMAV)
11 Fundacion para el Desarrollo Social (FUNDESO)

Third Round NGOs (1993)

1 Asociacion de Mujeres Salvadoreñas (ADEMUSA)
2 Asociacion para la Autodeterminacion y Desarrollo de Mujeres Salvadoreñas (AMS)
3 Asociacion Salvadoreña de Extensionistas Empresariales Egresados del INCAE (ASEI)
4 Asociacion para la Autodeterminacion y Desarrollo de Mujeres Salvadoreñas (AMS)
5 Asociacion Salvadoreña de Extensionistas Empresariales Egresados del INCAE (ASEI)

6	sociacion Salvdoreña de Investigacion y Promocion Economica y Social (ASIPES)
7	Comite de Madres y Familiares Cristianos para la Promocion y Defensa de los Derechos Humanos "Padre O Ortiz y Hna Silvia" (COMAFAC)
8	Comite de Solidaridad para el Desarrollo de las Comunidades de San Miguel y Usulutan (COSDECSAM)
9	Comunidades Unidas de Usulutan (COMUS)
10	Consejo para el Desarrollo Comunal de Usulutan (CODECUS)
11	Asociacion Coordinadora para el Desarrollo de las Comunidades de La Union y Sur de Morazan (CODELUM)
12	Asociacion Coordinacion de Comunidades para el Desarrollo del Cacahuatique (CODECA)
13	Asociacion Organizacion de Mujeres Salvadoreñas por la Paz (ORMUSA)
14	Fundacion para el Desarrollo y Reactivacion Nacional de El Salvador (FUNDEPRENS)
15	Fundacion para la Autogestion y Solidaridad de los Trabajadores (FASTRAS)
16	Iniciativa para el Desarrollo Alternativo (IDEA)
17	Coordinadora Comunidades y Cooperacion para el Desarollo Integral de la Costa (CODECOSTA)
18	Patronato para el Desarrollo de las Comunidades de Morazan y San Miguel (PADECOMSM)
19	Promogestora de Repoblaciones Solidarias (PROGRESO)

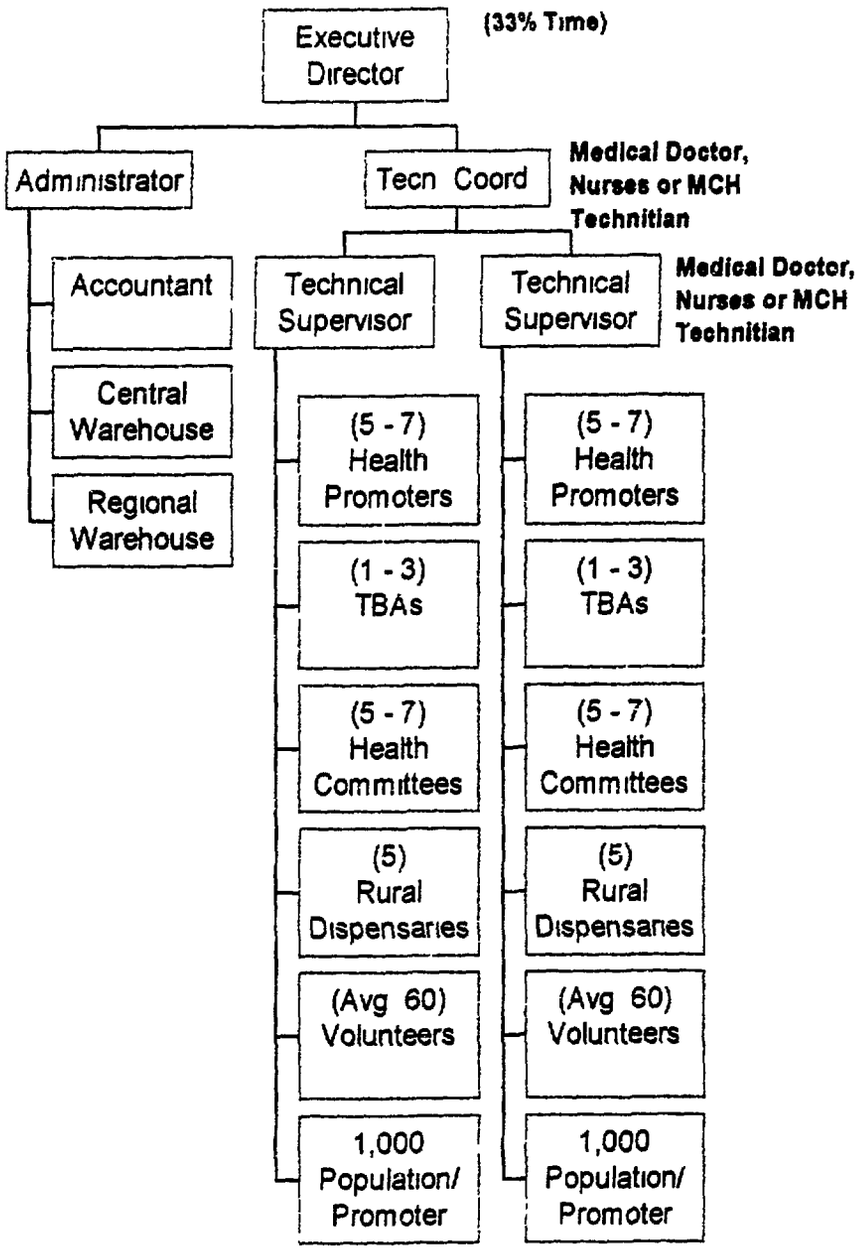
The NGO network structure consisted of

1 An overall organization that includes the MSCI Home Office in Arlington-Virginia, the PROSAMI Field Network Office in San Salvador and NGOs offices in different departments

2 The PROSAMI Office was comprised of functional divisions which included Technical, Training, Information Systems, Commodities and warehousing, General Administration, and Financial Administration including accounting, information technology and field monitoring and evaluation staff

3 Each NGO's organizational staff for a project covering at least 10,000 persons consisted of the following personnel Figure No 2

NGO's ORGANIZATIONAL STAFF
Figure No 2



Special funding and institutional strengthening was provided to the NGO network in the following areas

- Project funding
- Supplies (medical, office and training)
- Equipment (medical, office, technical)
- Group purchasing of supplies and equipment to lower costs
- Educational materials following the MOH s guidelines

- Group training in finance, administration and technical health areas
- Monitoring and evaluations
- Annual external audits
- NGO advocacy with the government and other donors

Each NGO accepted to become an integral part of the network signed a comprenhensive agreement with PROSAMI that included the following requirements

1 All NGOs provided a uniform set of services in maternal health and child survival

2 All NGOs used a uniform methodology of service delivery which included the following areas

- Identification of Community Health Promoters
- Training and certification of Traditional birth attendants
- Development of Health committees as support to the health promoters
- Development of a network of community volunteers
- Development of rural community clinics in land donated by communities
- Home visits, according to the identified risk in the family
- Risk mapping

3 All NGOs followed a uniform method for monitoring and evaluation

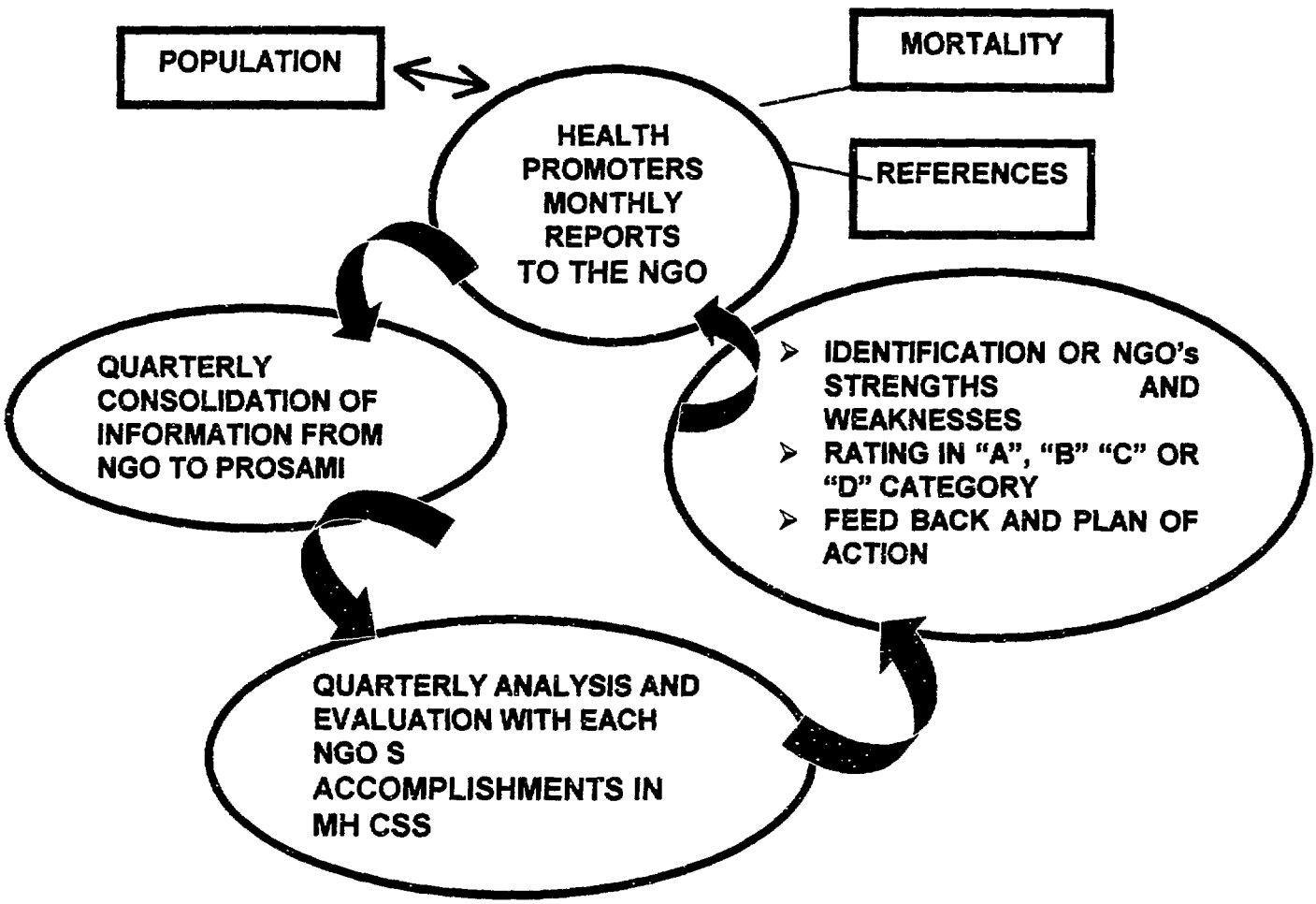
Monitoring and evaluation was the strategic foundation to constantly encourage the network to strengthen its technical, financial, managerial and control systems and capabilities to develop a fully funtional organizational enviroment

The criteria for evaluation was unified through several training activities provided to NGOs staff The flow of information was analyzed monthly as determined by monthly base on field reports and technical evaluations through an integrated process using funtionatly specific indicators

NGOs were assigned and A, B, C or D rating monthly in each areas The analysis allowed the Project advisory staff within each division to identify those NGOs needing additional, individual TA, and to follow the overall progress, efficiency and effectiveness

The flow of information is presented in Figure No 3

FLOW OF INFORMATION FROM
HEALTH PROMOTERS TO DATA PROCESSING AT PROSAMI
Figure No 3



An index comprised of key indicators was developed and used to grade each NGO and the project In the technical area three basic components are shown in Table No 3, which evaluate, reproductive health, newborn health and growth and development for infants Each component had indicators of protecting activities, and the percentual accomplishment of each indicator produced a rating of A, B, C or D

TECHNICAL EVALUATION
Table No 3

Component	Indicator	Rating (%)				Mortality Cause
		A	B	C	D	
Rep Health	% of women with 5 prenatal controls	80-100	60- <80	50- <60	0- < 50	
	% of pregnant with TT_2	80-100	60- <80	50- <60	0- < 50	
Newborn Health	% of newborns with 4 visits in firsts 28 days of life	80-100	60- <80	50- <60	0- < 50	
Infants Growth and Development	% of infants with 6 protective visits by HP	80-100	60- <80	50- <60	0- <50	
	% of infants with DPT_3	80-100	60- <80	50- <60	0- <50	

Any NGO in C or D, required immediate, attention, close contact, field visits more training, identification of problems and steeps were taken for problem solution When necessary NGOs designed specific plans for correction which are signed by PROSAMI and followed closely by project staff

The second group of NGOs, which consisted of all National Health Related NGOs of El Salvador, were identified and registered by PROSAMI into a widely, used database PROSAMI provided the following assistance to approximately 150 member organizations

- Technical and funding information through a Quarterly Newsletter starting in 1991 to 1998
- Access to a Technical Library
- Oral Rehydration Salts for Diarrheal Disease Control
- Basic Pharmaceuticals
- Training in National Conferences related to Health (Cholera, Maternal Health, Acute Respiratory Infections, and others)
- Individualized Technical Assistance

The PROSAMI office staff is illustrated in Figure No 4

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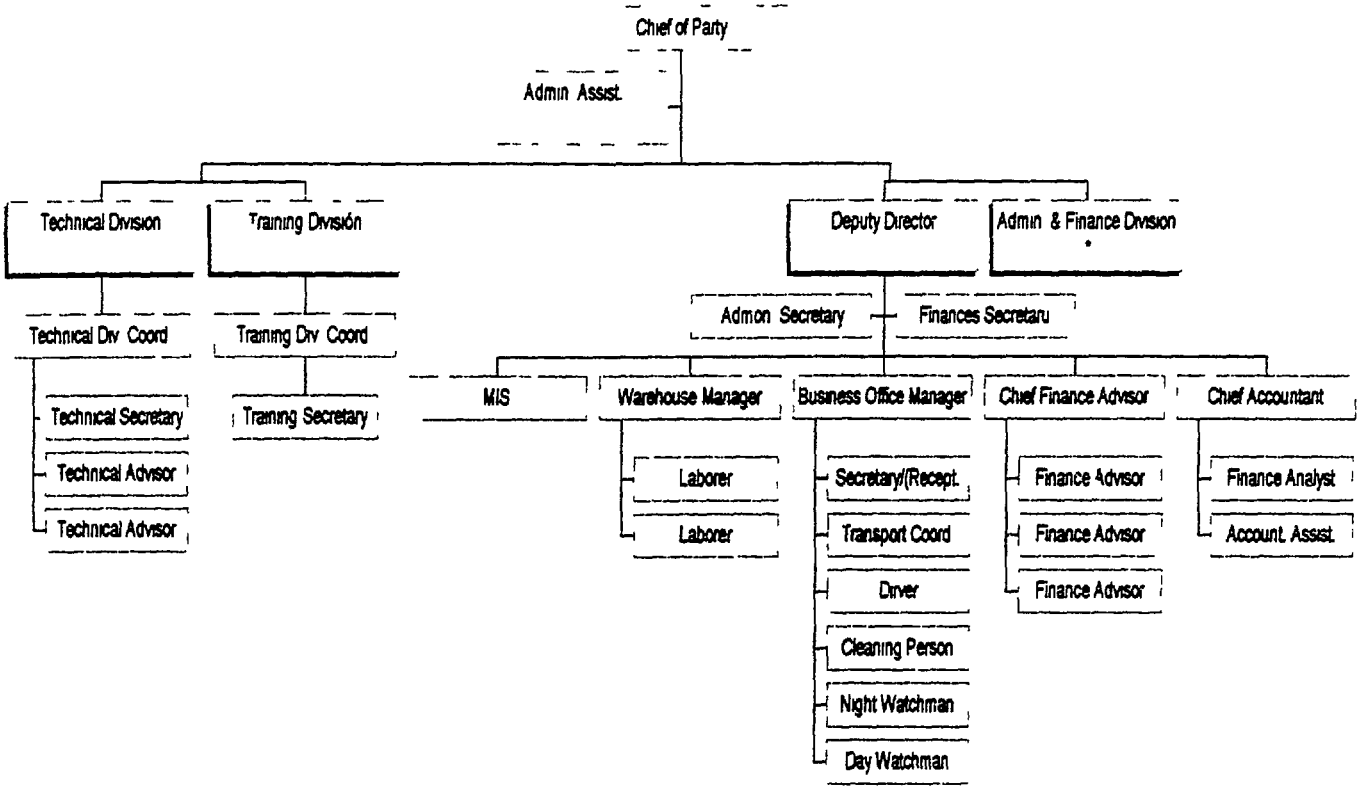
PROSAMI OFFICE STAFF
Figure No 4



VI FINANCIAL MANAGEMENT, MONITORING AND EVALUATION

An integral component of the Project design was the financial and administrative training, monitoring and evaluation assistance provided to the participating NGOs These services were provided as part of the overall institutional strengthening efforts that were directed towards the Project's integrated approach to strengthening the NGO technical and managerial capacity Tne fragmented financial and management systems that were in use by the NGO at the start of the Project were replaced with standardized accounting systems as well as managerial and logistical policies and procedures developed through the Project

Technical assistance was provided to train NGO personnel in the proper accounting and financial systems to be responsive to financial fiduciary responsibilities as well as external donor and reporting requirements Thorough visits to the NGO field offices as well as continual monitoring and follow-up assistance to the NGOs gradually increased their awareness and the benefit of, and the need for, proper financial and managerial controls on financial and physical resources These continuing efforts to provide institutional strengthening led to the transition from financial records kept by hand in a notebook, to computerized systems that enabled individual NGOs to maintain accurate financial records, prepare timely reports, and receive satisfactorily audit opinions from independent accounting firms

Budget Preparation and Analysis

As part of the overall financial systems and managerial capacity building efforts, the Project's financial and logistical staff provided guidance and support to the NGOs for the development and monitoring of annual work plans, including budget formulation The formats used for the preparation of the NGO budgets were developed using a collaborative process between the Project staff and the participating NGOs

The budget process was initiated in the fourth quarter of the preceding year and included continuing training for both new and current NGO personnel Following submission of their first draft budgets, both the Project technical and financial teams reviewed the budget in comparison with the annual work plan for consistency and program integrity The NGO staff and the Project staff met to finalize the budget and work plan for the next year The objectives of the preparation and review process for the annual work plan and budget were to strengthen the NGO capacity and assure consistent Project efforts through uniform application of service interventions and related monitoring, evaluation and reporting

In 1994, the process of annual work plan and budget preparation was modified to include

a) A comprehensive guide for NGO annual work plan and budget preparation was developed,

b) Work groups that included technical and financial personnel were established to review, and be responsible for, NGO annual work plan and budget submissions,

c) A process to provide comments and recommendations for the revision and/or strengthening of the NGO submissions, and

d) The assignment of primary and secondary responsibility to technical and financial personnel for selected NGOs, thereby disbursing review and approval process workload

The simplification and disbursing of the review and approval process among Project teams rather than individual staff members led to

a) A reduction in the time required to review the annual work plans,

b) An expanded capacity, and more uniform approach, within the Project staff for the monitoring and evaluation of periodic results compared with the annual plan, and

c) Greater objectivity through the systematic and formal approach to annual work plan and budget review and approval

Financial Monitoring

Monitoring and evaluation support given to the NGOs had a dual purpose First, monitoring and evaluation efforts were directed to the safeguarding of Project assets and assuring accurate and reliable financial and managerial reporting Second, the monitoring and evaluation process was the basis for participatory support, training and strengthening for the NGOs To the extent possible, such services were collaborative and focused on results and accountability

Three primary functional areas of NGO activity were examined during monitoring visits These areas were technical, financial and management and administration Logistics, including the receipt and distribution of goods, was included in the management and administration functional area

From 1991 to the first quarter of 1993, financial monitoring and evaluation activities for 1st and 2nd rounds of NGOs were the responsibility of the same financial manager The process was relatively simple and consisted of a checklist including selected items to review during field visits This process did

not provide the basis for the staff to either obtain an integrated view of the financial and managerial condition of, or to provide a strong foundation for evaluation and corrective action for, each NGO

During the second half of 1993 and coinciding with the selection of the 3rd round of NGOs, technical and financial personnel were organized in teams to expand and strengthen the support and training provided to the NGOs This methodology included the dispersion of responsibilities previously identified and included a transparent monthly evaluation system based on predetermined criteria developed in collaboration with the NGOs In addition to financial systems and internal controls, logistics management and inventory control was incorporated into the monthly review process This approach was used to provide and integrated evaluation process of the management capacity of each NGO and thereby tailor the technical assistance to the specific needs each NGO This process proved successful and led to closer collaboration and mutual support among the NGOs in the network

Based on the results of the NGO monitoring and evaluation visits, a ranking was assigned to each NGO on a monthly basis The ranking system was comprised of technical financial, logistical and administrative elements that were tailored to a specific functional area with tangible monthly targets

Financial evaluation elements included timely and accurate financial reporting, account reconciliation, USAID liquidation reporting, bank account reconciliation, budget analysis, internal control and counterpart contributions Logistical evaluation elements include inventory control and reconciliation, complete and accurate receipt and disbursement documentation and warehouse security and commodity integrity An added benefit of the successful implementation of efficient financial and logistical systems was the reduction of year end audit costs as a result of timely and accurate books and records and sufficiently documented counterpart contributions

The results of the monthly evaluations were reported in the monthly summary report of all participating NGOs The report contained the ranking of each element by functional area for the current month, the prior month and the prior year These results were then shared with the NGOs The NGOs, in turn, were informed of their performance ranking as well as the ranking of each NGO in the network The NGOs were aware of both their absolute ranking based on the criteria as well as their relative ranking compared to the other NGOs in the network

The benefit to both the project team and the NGOs from the monitoring, evaluation and ranking processes was the ability to quickly identify areas of deficiencies and develop corrective actions through specific training This training is then provided for individual NGOs and through seminars and workshops for groups of NGOs that have similar training requirements

The primary objective of the integrated technical, financial, managerial, logistical and administrative monitoring and evaluation process is to strengthen the NGO institutional capacity The desired result of training monitoring and corrective action initiatives was to increase the potential for NGO sustainability following project completion

Both commodities, and finance sections of the project, categorized NGOs into A, B, C or D status monthly, according to their strengths, weaknesses and needs for technical assistance See example on Table No 4

NGOs FINANCIAL MONITORING FOR AUGUST 1998
Table No 4

CATEGORIES	NGOS WITH A RATING	%	LAST MONTH
Account up date or delays <2 mo Delays	10	100	A
Last months balance sent to PROSAMI	8	80	B
Last quarter Budget, Balance, Accountability, sent to PROSAMI	10	100	A
Bank Reports & Conterpart Reports	8	80	B
Documentation for Disursements	10	100	A
Documentation for Conterpart Contribution	8	80	A
With out invalidated expenses/balances already settled	10	10	10

The following table illustrates the continual decrease in questionable NGO costs identified during the yearend audit process of participating NGOs

QUESTIONABLE COST IN NGOs BY YEAR
Table No 5

Audit Year	Questionable Costs as Percentage of Total Expenses Paid in Cash
1993	4 05
1994	3 81
1995	3 69
1996	2 10
1997	0 32

In addition to the continual reduction of audited questionable costs, four participating NGOs had no questionable costs for at least two consecutive years, between 1994 and 1997 Several other NGOs had less than one percent during the same period

Lessons Learned

The implementation of financial recording and reporting systems that are responsive to the various regulatory and donor requirements for NGOs with limited financial and human resources requires thorough and continuous assistance and follow up This effort may be reduced as the NGO capacity is increased The level of support, however, is generally constant during the first two years with material reductions in support thereafter Although continuous assistance is decreased, monitoring and evaluation should be continued to assure that the financial system integrity is preserved while the NGO institutional capacity is strengthened to the desired level The following factors, both positive and negative, were observed during the life of the Project

a) Positive Factors

- Positive NGO attitude regarding institutional strengthening and response to the remarks made by the auditors during system's evaluation and assessment activities prior to sub-agreement implementation,
- Active participation in financial and administrative training seminars and events as well as individualized strengthening efforts for each NGO,
- Early development of financial, logistical and administrative manuals including formal policies and procedures responsive to external requirements, and
- Collaborative recognition of existing system weaknesses and identification of action plan, including time frame, for corrective actions

b) Negative Factors

- General lack of previous experience of most NGOs to keep records, prepare adequate financial reports, be financially accountable, and manage the receipt and disbursement of commodities,
- Lack of qualified financial and logistical personnel capable of meeting the NGO's fiduciary responsibilities,
- Lack of administrative and financial internal controls
- High personnel turnover within the NGO, including accounting and logistical personnel, and
- Poor human resource development

Within this environment, continual support and communication between Project and NGO is important to optimize both time and resources to reach the desired result This approach of keeping continual contact with the NGOs through periodic field visits, staff training and monthly financial monitoring and evaluation has proven most successful to encourage NGO participation and acceptance of the investment in time and resources to accomplish the desired institutional strengthening

External Audit Approach/Results

For 1992 and 1993 independent audit reports that were prepared in 1993 and 1994, respectively, meetings were held with each NGO as the draft audit reports were received by the NGO NGOs were not always prepared to answer the remarks and deficiencies identified by the auditors As a result of the lack of preparedness of the NGOs to initially respond to the auditor's comments, a formal audit guide was prepared for use by the NGOs during the external audit process In April 1995 a guide was prepared entitled "El Papel de las ONGs en la Auditoria del Proyecto" (The NGO Roll in the Project Audit Process) The purpose of the guide was to emphasize the roll of the NGOs during the annual audit process and their responsibilities in preparation for, as well as during, that process The audit guide includes a recommended format for the Work Plan that each NGO must prepare in response to the audit observations and the subsequent follow-up procedures to those observations

Implementation of a formal process by the NGOs for the evaluation, follow-up, and closing of audit findings has proven to be a successful result of the financial training, monitoring and evaluation activities of the Project The formal audit process used during the Project to be responsive to USAID requirements and to provide transparency of financial transactions has been the first experience in an audit process of many NGOs in the network This experience has proven valuable to introduce participating NGOs to financial concepts such as internal control, accountability, financial reporting, counterpart contributions, commodity management and fiscal responsibility

The formal training, monitoring, evaluation and corrective actions used in the Project proved successful during the follow-up and closing of the 1994 and 1995 audit reports, and related auditor findings, including for those NGOs transferred to SETEFE in 1996 At that time, the resolution and closing of 1994 and 1995 audit findings was in progress During 1996 no contractual relationship remained with the NGOs that had been transferred to SETEFE funding Although there was no formal relationship, the resolution of all audit comments and findings was still possible by using the work plan prepared by each NGO in coordination with the financial monitors to implement and follow-up to the recommendations As a result of the close coordination and institutional strengthening efforts undertaken through the Project, all outstanding audit findings were satisfactorily closed by 1997

During the life of the Project, an average of three seminars and workshops were scheduled per year These activities focused on financial, logistical, and managerial policies and procedures directed towards fiscal responsibility and transparency Following the adoption of the Ley de Asociaciones y Fundaciones sin Fines de Lucro (Law of Associations and non-Lucrative Foundations) in December 1996, seminars were offered to strengthen the NGO knowledge and performance relative to legal compliance These seminars were offered to

executive directors, members of the Board of Directors and Project accountants of participating NGOs

The total participants in all seminars and workshops offered through the Project are approximately 1,600 persons The majority of participants who attended and evaluated those events rated them between "very good" and "excellent"

Project Management Information System

Information management has been a fundamental tool for decision making in both the field office and NGOs This requirement led to the development of in-house capability to respond to hardware, software and systems integration issues facing the NGOs as well as the field office The MIS function within the Project has been responsible for the preventive care of equipment and systems, personnel training, design and development of new systems, and the safeguarding of Project information and databases Through the coordination of these services by the Project field office, information technology issues were normally solved with minimal, if any, disruption to on-going activities of the Project

The importance of information management and the Project's successful response to issues involving information technology solutions is illustrated by the resolution of the tracking and disposition of expired medicines In 1996, UNICEF donated medicines directly to selected health promoters in communities served by participating NGOs The medicines were the same types donated through the Project by USAID This influx of additional medicines dramatically increased the amounts that had expired prior to their use as a result of the limited resources available for the delivery of medicines by the health promoters In 1997, through agreement with UNICEF, PROSAMI became the responsible party to implement the Rotating Fund of Essential Medicines (RFEM) for NGOs, in the network

For the implementation of the RFEM, comprehensive training activities were developed for Health Promoter and their Health Committees that managed the use and disposition of the donated medicines Four hundred fifteen (415) persons were trained on the administration of RFEM during 1997-1998 The success of the RFEM program was a result of this training and the related information management solution developed to track the receipt and disposition of the donated medicines

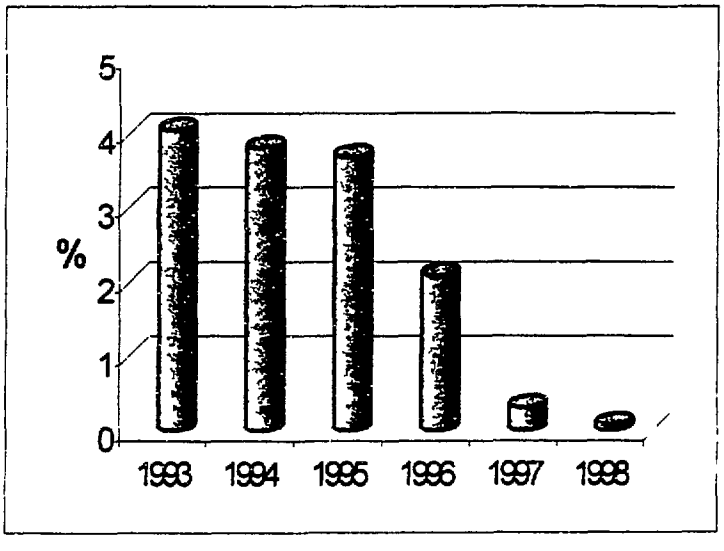
SUCCESS STORY
FINANCIAL CONTROLS IN NGOs

The two common characteristics of most NGOs in the network are the scarcity of finacial resources and limited staff capabilities Financial training, for example, is normally directed towards profit organizations It is, therefore, difficult to hire and retain accountants with the required knowledge and experience to work with the NGOs

Under these circunstancies, it is remarbable how participant NGOs have strengthend their ability to institute financial controls and improve their capacity to manage Project funds These efforts have led to timely and accurate accountability and financial reporting

An indicator of this achievement is the percentage of questionable costs identified by the external auditors Questionable costs, in relation to Project expenses managed by NGOs have continued to decrease in each succeeding year of the Project From 1993 to 1998, this trend is reflected in the Graph No 2

Percent of Questionable Costs for NGOs in PROSAMI Network
1993 – 1998
Graph No 2



Financial training provided by PROSAMI Financial monitors, through seminars, workshops and individual financial assistance, along with the increased standards within the NGO human resources, and the human potential within the NGOs, constituted the most important inputs to achieve this positive result

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VII PROJECT ACCOMPLISHMENTS

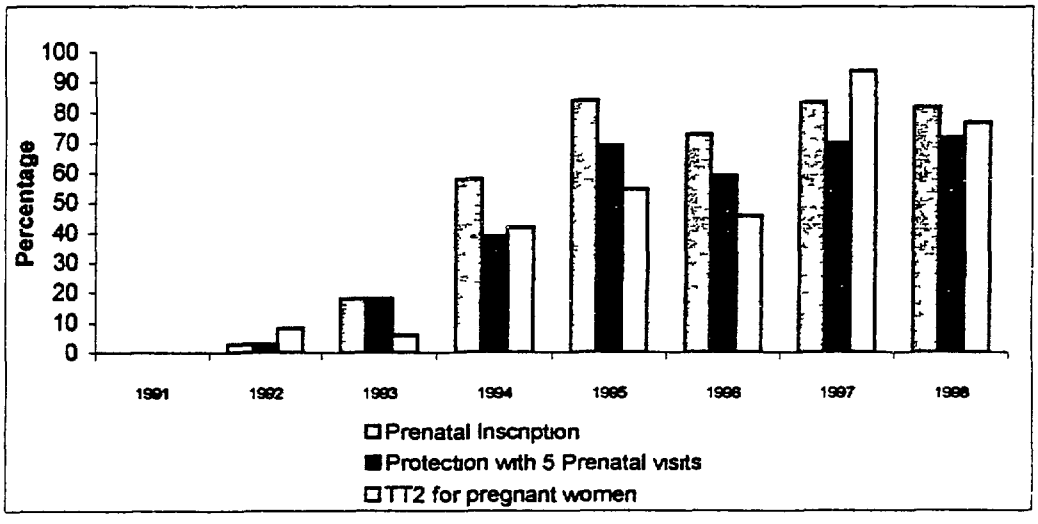
The essence the Maternal Health and Child Survival Project accomplishment in the years of operation, has been the impact on the accessibility to primary health care services by segments of the rural Salvadoran population with little or no possibility to obtain such services Also substantial changes in the community organization, participation and decision making in matters related to the health and wellbeing of their inhabitants have been realized The provision of these services, further resulted in a direct and positive effect on reduced incidence of disease, health risk, and mortality rates, as indicated in the following charts

a Maternal Health

The results obtained have been a careful mix of health education, promotion, prevention and advocacy Maternal health care activities comprised early identification of pregnancy, prenatal control with at least five (5) home visits and early referral to the MOH/Health Units when needed, delivery attended by a trained TBA, inmunization agains tetanus, (TT_2) Graph No 3

Post partum care includes, control of mother and newborn, 48 hours after delivery followed by post partum attention every week during the first month This activity has been an important factor in lowering maternal and neonatal and morbidity and in promoting early initiation of exclusive breastfeeding

PRENATAL CONTROL
Graph No 3



Maternal mortality continues to be a national problem The official MOH figures were 99/100,000 LB in 1995 Post partum hemorrhage is the first cause

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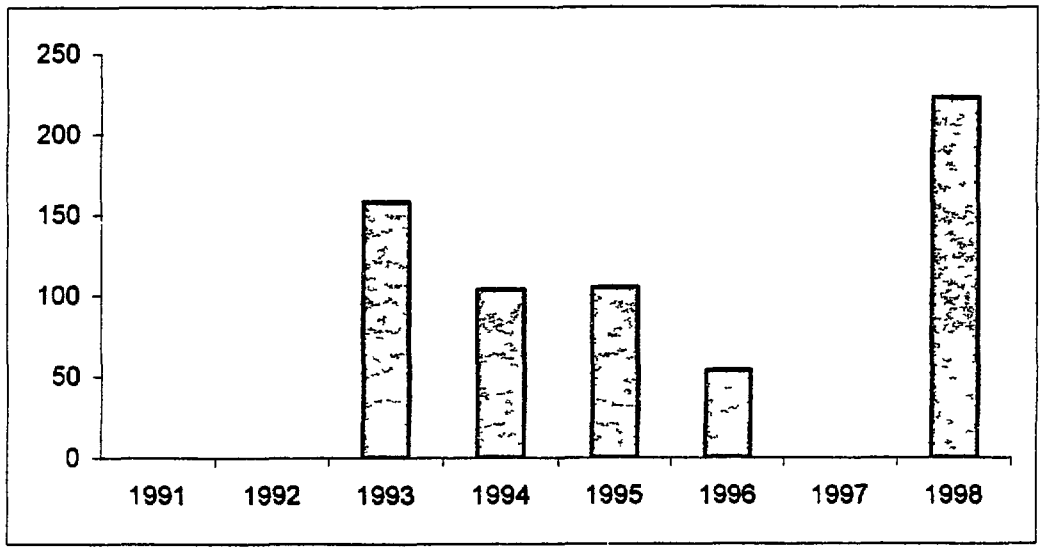
of death for women in El Salvador Not all-maternal deaths are reported because approximately 30% of all deliveries ocurred in governmental facilities Additionally, an effective information system for home deliveries, or deliveries attended by TBAs in rural areas was not available until 1998 In this year, the MOH authorized trained TBAs to register new borns under their care

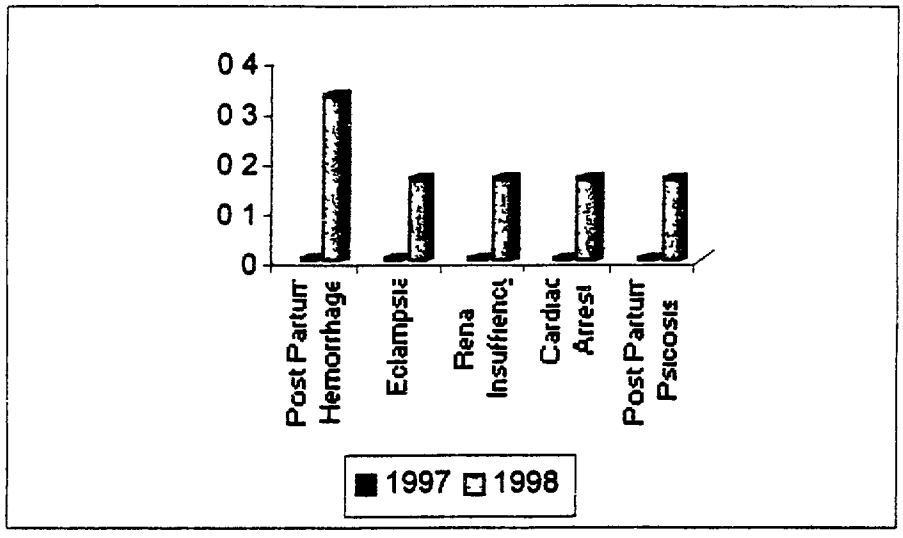
Maternal mortality in the Project has maintained a decreasing number of 22 deaths in 1994 (rate 104/100,000 L B), 17 in 1995 (105/100,000 L B) 2 deaths in 1996 (54/100,000 L B), zero in 1997 and an unexpected number of six deaths in 1998 (rate 223/100,000 LB) Graph No 4

MARTERNAL MORTALITY RATE PER 100,000 BIRTHS
Graph No 4



From these 6 deaths, three mothers died in Hospitals, one in Santa Ana, La Union and Zacamil, with diagnosis of post-partum hemorrhage, cardiac arrest and renal insufficiency respectively Three mothers died in their communities with diagnosis of post-partum hemorrhage, cesarean section due to eclampsia and post partum psicosis These are causes of death difficult to prevent with Health Promoter's profile of community services See Graph No 5

MATERNAL MORTALITY PER CAUSE 1997 - 1998
Graph No 5



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The Faces of Development

Health Promoter is Lifeline for Salvadoran Women

Ruth Javes and her newborn son stepped off the bus from the hospital where she stayed overnight after giving birth to the baby she now cradles in her arms

Despite the long ride home on some of the dustiest bumpy roads that criss-cross El Salvador, Ruth says she feels happy because she had a normal delivery and a healthy baby

In comparison, she adds, "my sister wasn't so lucky, she was terrified about the whole thing and did not know what to do Two of her babies died at childbirth"

Ruth, 19, in contrast, says she felt she was well prepared for the event She lives in Comunidad Guirola, in El Salvador's department of Santa Ana Her community is lucky, she notes, because it's close to the city of Santa Ana, where there is a hospital Her sister, who lives elsewhere, was assisted by a poorly trained midwife

For nine months, Ruth went to the health clinic in Comunidad Guirola, where the trained health promoter, Maria del Carmen Caballero, gave her not only a monthly checkup, but also free vitamins, and instructions on how to take care of herself

Maria del Carmen is one of 170 health promoters and 150 midwives trained by the USAID-funded NGO network, PROSAMI In 1997, PROSAMI set an unprecedented record when it reduced to zero –in selected regions of the country—the number of women who died at childbirth Working with 12 Salvadoran NGOs, PROSAMI reaches 185,000 people, mostly women ages 10-45 and children under the age of 5 Another network of 18 USAID-funded health NGOs increases the total the beneficiary population to over 400,000

As a direct beneficiary of USAID's maternal and childcare programs, Ruth says she wants to share with other women, such as her sister, information she has on nutrition, sanitation and other health issues

"I want to tell my friends they don't have to suffer and that their children don't have to get sick or die "

"When I first learned I was pregnant," she says, " I had no idea I was supposed to take vitamins, exercise, drink good water and try to eat better I just thought "well, if my kid dies (at childbirth), it's the will of God

"Now," She adds with a smile, " I know I can give God a little hand"

Source Results Review Resources Request FY 2000, USAID-ES, April 6, 1998

In Morazan, the health promoter Jose Saul Flores, referred a post partum woman with a blood pressure of 160/120

He organized the group of volunteers and the woman was carried three hours by hammock to the Health Unit, from there, she was sent to the Hospital San Francisco Gotera The Health Promoter accompanied the woman all the way, and he received assistance from the Hospital The woman is fine and back in her community

b Family Planning

Substantial gains in contraceptive acceptance and reduction in the Total Fertile Rate (TFR) has been realized since 1990 The TFR in the country has been reduced to 3 0 children per woman[2] In rural communities 5 – 7 children in a household is a common finding Since 1992, PROSAMI distributed Oral Contraceptives and condoms, provided education, promoted the "Lactation Amenorrheal Method" (LAM), natural methods for high-risk women, and coordination with the Salvadorean Demographic Association Each health promoter became a "point of delivery" of contraceptives There was also close coordination of activities with other projects such as Mother Care, and Family Health International

Specific data on the use of FP methods was not collected until 1997 In 1997 NGOs were instrumental in the introduction of 4,508 women of fertile age (19%) in FP methods, and 3,774 women in 1998 Methods also included injectables, Norysterat for 2 months of protection and Depoprovera for 3 months of protection Tables No 6 and 7

FAMILY PLANING
Table No 6

	1997	1998	TOTAL
• Inscription to OC	2,004	1,252	3,256
• Inscription to injectables	1,036	1,613	2,649
• Inscription to condoms	710	392	1,112
TOTAL	**4,508**	**3,774**	**8,282**

[2] Salvadorean Demographic Association, Annual Report 1997

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CONTRACEPTIVES DELIVERED - 1994 – 1998
Table No 7

	1994	1995	1996	1997	1998 *	TOTAL
• No of OC cycles delivered	12,200	19,930	6,000	8,9000	6,300	53,400
• No of injectables applied				2,000	2,800	4,800
• No condoms delivered	38,000	56,000	17,700	19,200	12,600	143,500
• Years of protection/couple			109 yr	518 yr	432 yr	
* First semester						

The number of women of fertile age registered and active users of modern methods of family planing was 5,956 or 28% of the total 21,385 WFA in 1998

Vaginal cytology examination as an important step to address the problem of uterine cancer in El Salvador was the result of coordination with the MOH, the Cancer Center and donation of material from the Knights of Malta Vaginal cytology was done in 6,923 women in 1997 and 5,827 in 1998 This total of 13,750 women makes 75% of the Papanicolao Test Target by Project completion

Results of the examination reflected a high incidence of sexually transmitted diseases and different levels of cancer even in young women In coordination with the MOH some women started receiving treatment and information, education and printed materials have been distributed 25,000 WFA (80%) have received TT_3

c. Infant Health

El Salvador has reduced its infant mortality dramatically over the past ten years to the current estimates of 41/1,000 live births This has been primarily due to a reduction in deaths in older infants

As the rate fallen, deaths among neonates became the greater percentage (41%) of total infant deaths The majority of all neonatal deaths occur during the perinatal period (28 weeks gestation to first 8 days of life) In PROSAMI supported NGOs, the Infant Mortality Rate has gone through important changes

from 23/1,000 L B in 1994, 20/1,000 in 1995, 12/1,000 in 1996, 19/1,000 in 1997 and 14/1,000 in 1998 Graph No 6

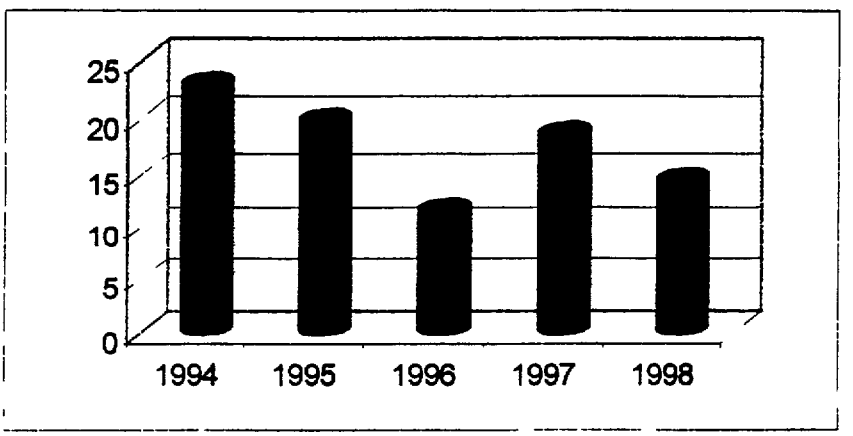
The survival of newborns have been directly related to the provision of comprehensive health services, maintenance of prenatal health and nutritional status of the mother, appropriate care at delivery by trained personnel and control of infections occurring during and after birth

In 1994, 7% (564) newborns weighted less than 2 5 kilos at birth, as registered by Health Promoter or TBA, 5% (563) in 1995, 2% (80) in 1996, 2 4% (92) in 1997 and 2% (62) in 1998 This decrease is the expected result of close vigilance of weight gained during pregnancy, prenatal supplements of vitamins and Folic Acid and nutrition education

In the community El Paterno in Chalatenango, the MOH filmed in a health institution focusing on the subsequent events to a delivery attended by the health promoter/TBA This was at 34 wks Premature, weighing only 1 3 Kg

The baby was placed in exclusive breastfeeding and the kangaroo method By the fourth month of age the baby had gained 3 6 kilos Similar actions this have an impact on neonatal mortality that has decreased from 11/1,000 LB in 1994 to 5/1,000 in 1998

INFANT MORTALITY RATE PER 1,000 LB
1994 - 1998
Graph No 6



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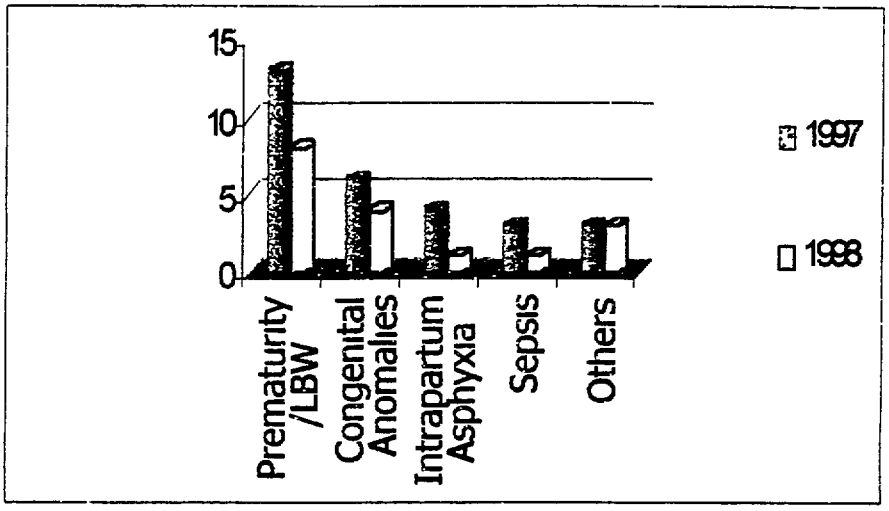
Between 1997 and 1998, the first cause of death continued to be prematurity and low birth weight followed by congenital anomalies hydrocephaly, anencephaly, neural tube defects Graph No 7 Controllable cause of death such as sepsis continues to decrease to values less than 1/1,000 LB

NEONATAL DEATH BY CAUSE
1997 – 1998
Graph No 7



The number of TBAs trained in the life of the Project reached over 600 persons Since 1997, efforts were made to train more TBAs for the 12 NGOs and in coordination with MOH, PLAN International and the Knights of Malta The NGO network has 273 trained TBAs and 32% (54 HP) of the health promoters have been also trained as TBAs The rate of deliveries by trained personnel has increased from 64% (5,036) in 1994 to 80% (2,975) in 1997 and 86% (2,304) in 1998

d Nutrition

Undernutrition has been recognized as the underlying cause of Maternal Morbidity and Mortality in El Salvador The nutrition problems are multifactorial and are associated with poor socio-economic conditions, inadequate prenatal care, chronic women malnutrition, short birth interval and faulty weaning practices

Following USAID Nutrition Strategy for Child Survival, that aims "to reduce mortality and morbidity in infants and children through prevention of nutritional

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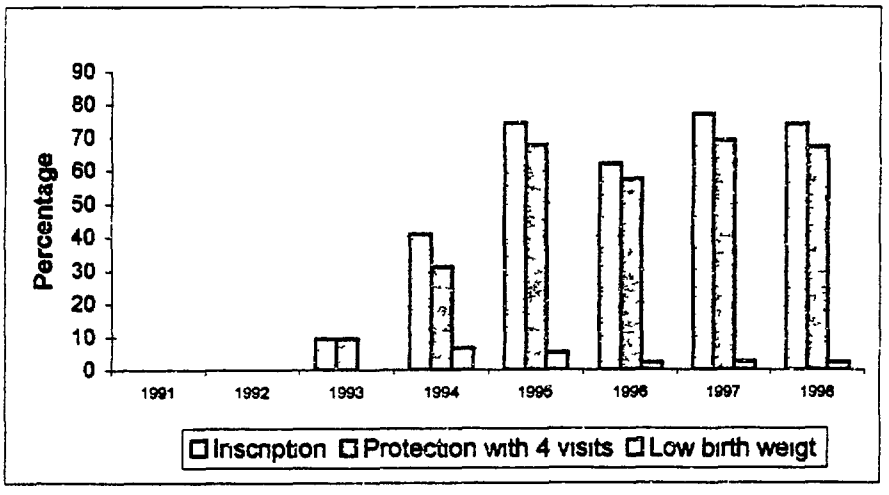
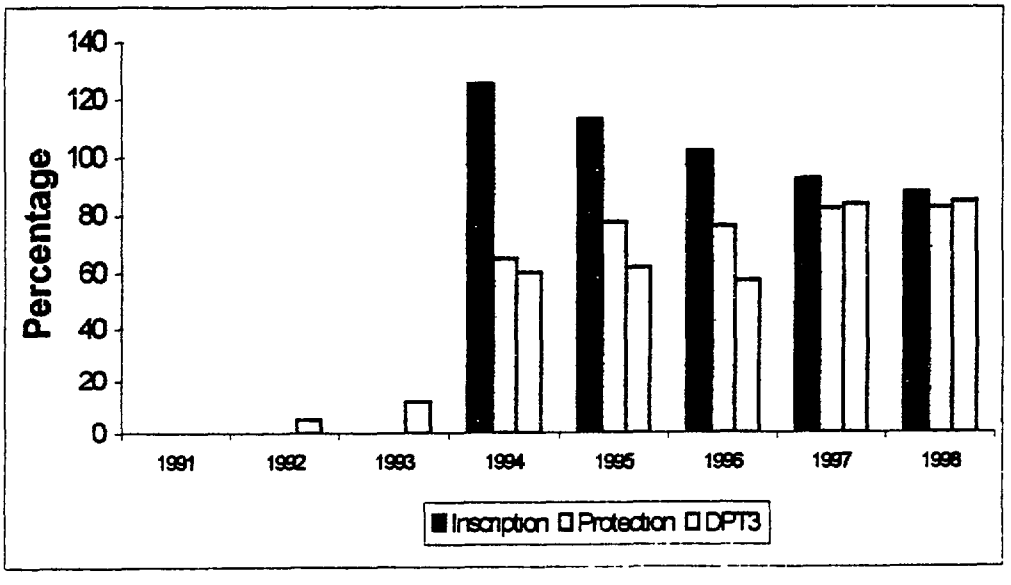
deficiencies and improvement in overall nutritional status"[3], emphasis was placed to include primary and secondary prevention, mapping of the community for high risk, identification of all children under five years, control through growth monitoring (height/weight/age) with six visits during the first year of life and coverage with DPT_3 and control of children 1 – 5 years with four growth monitoring visits per year Graphs No 8, 9 and 10

NEWBORN COVERAGE
Graph No 8

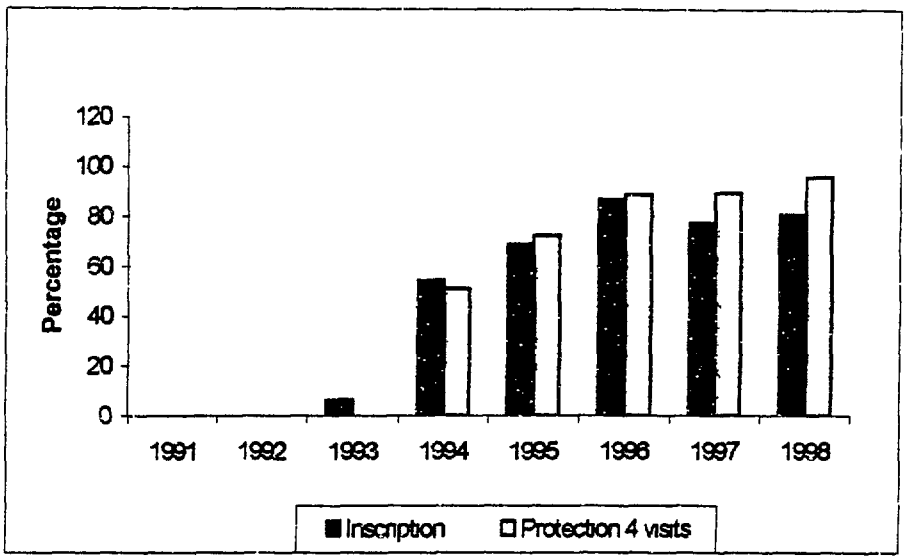


Infant Growth and Development DPT_3
Graph No 9



[3] **Nutrition Strategy for Child Survival/USAID, March 1987**

GROWTH AND DEVELOPMENT COVERAGE 1 – 5 YEARS
Graph No 10

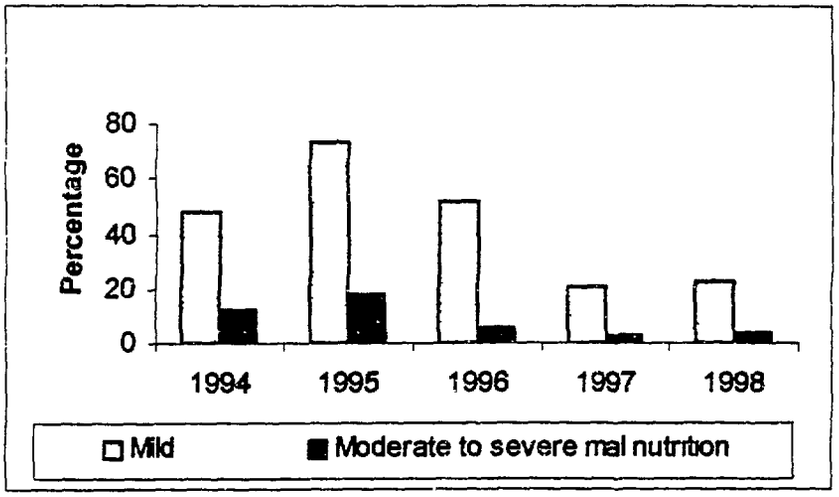


Growth monitoring activities includes community education, exclusive breastfeeding until 6 months of life, appropriate weaning practices

For secondary prevention of malnutrition, NGOs have distributed Vitamin A capsules and Ferrous Sulfate, promoted home gardens, community feeding centers Since 1998 and through agreements with the MOH and the World Food Program, NGOs have received food donations and distribute it to the communities

"The education provided by Health Promoters has been a labor of love At the beginning of the Project, the nutritional behavior of the community promoted child malnutrition Now Health Promoters and the community are well trained in the use of soy in different forms This has changed the nutritional status of the children, prevents future desnutrition , and provides some income for the family" OEF success story of nutritional betterment in their communities could be seen in Graph No 11

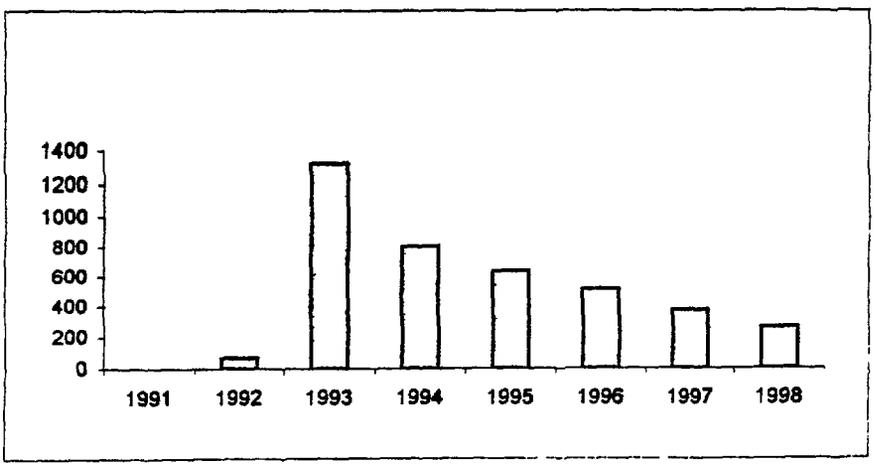
INFANT MALNUTRITION < 1 YEAR IN USULUTAN, CABAÑAS AND CHALATENANGO – NGO OEF
Graph No 11



e. Diarrheal Disease

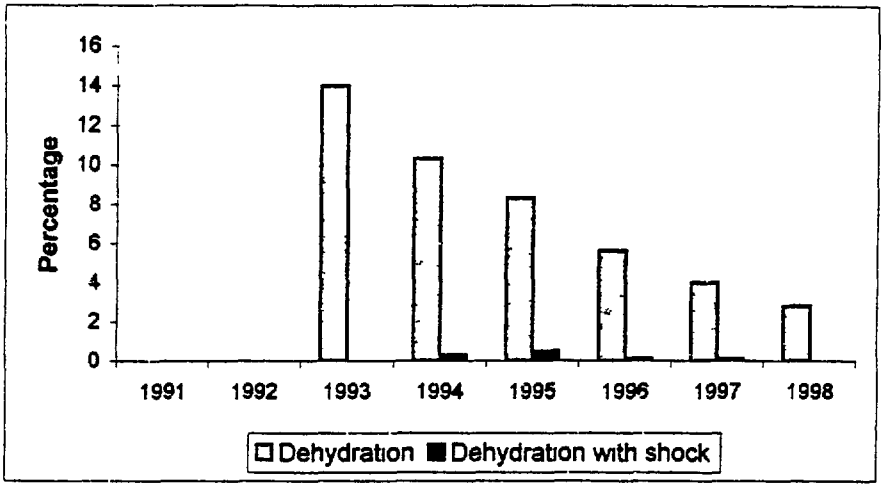
The reported incidence of Acute Diarrheal Disease (ADD) has decreased from 800 cases per 1,000 children 1 to 5 years of age in 1993 to 500 cases/1,000 in 1996 Adverse weather conditions, continuos rain, floods in the rural areas, produced more cases of diarrhea than expected, however the incidence continued to fall to 370 cases per 1,000 children in 1997, and 261 cases per 1,000 in the first semester of 1998 Graph No 12

ADD INCIDENCE PER 1,000 CHILDREN / 0 - 5 YEARS
Graph No 12



Since 1994 to 1998, diarrhea without dehydration was reported in 92% of cases Only 0 1% cases of dehydration with shock were reported in 1996 – 1997, and zero in 1998 Graph No 13

DEHYDRATATION AND DEHYDRATION WITH SHOCK DUE TO ADD / CHILDREN 0 – 5 YEARS
Graph No 13



The results in managing DD, have been due to education, prevention, control of hygiene at home and health education, increment of oral rehydration therapy (ORT) and the use of Oral Rehydrating Salts (ORS) provided by USAID, UNICEF and the MOH

Additionally, education on clean environment in the community was also a contributing factor to the decrease The number of latrines has increased and the implementation of water systems for household consumption has expanded Most NGOs have projects of latrine construction and education with other USAID support projects such as CARE, FIAES (Fondo Iniciativa para las Americas, El Salvador), Project Concern, and international donor agencies like PLAN International

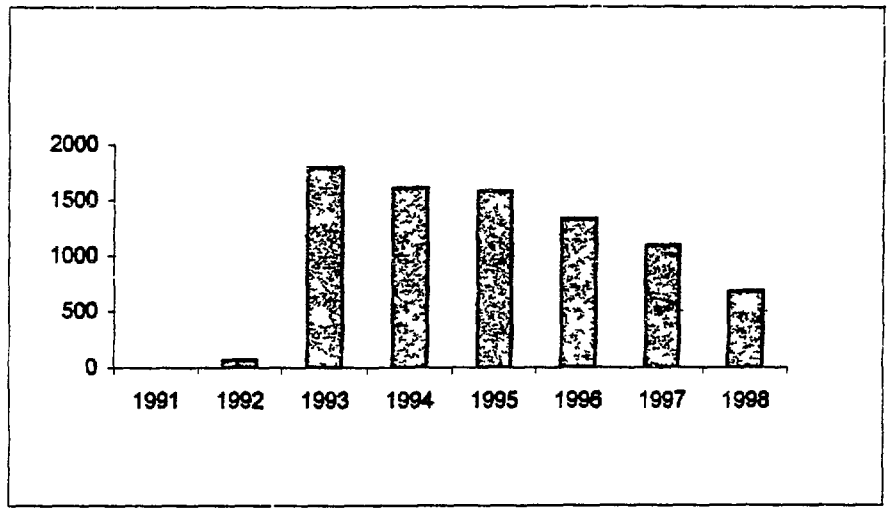
f Acute Respiratory Infections

ARI has also been a major cause of death among children under five Emphasis has been placed on the prevention of pneumonia In primary prevention, child visits were conducted at homes since the beginning of the Project Community groups and individual education sessions have been consistent with educational materials provided by the MOH, and USAID central contractors NGOs conducted periodic immunization campaigns against all 6 diseases of childhood, with emphasis on measles vaccine, and promotion of

breastfeeding Many NGOs are also working on the development of efficient kitchen environments and some, with aid from Salvadoran experts have developed environmental friendly kitchens such as "The Turbo Kitchen" Education efforts directed toward kitchen areas housing improvement and reduction of smoke inside the homes has been emphasized In secondary prevention, the community is informed about the signs of risk for ARI Cases are detected, treated and/or referred by the health promoters to the local Health Units

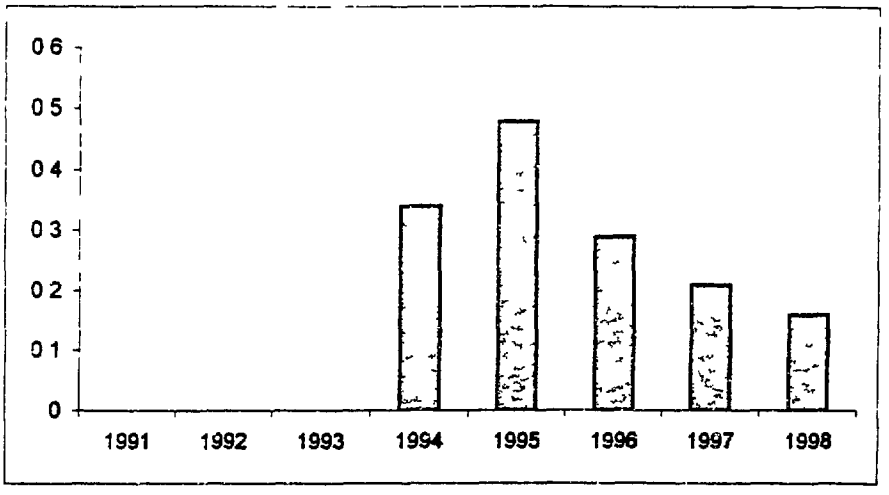
With the application of the standardized management of ARI, the incidence has lowered to 673/1,000 children less than five years, in 1998 from 1,788/1,000 in 1993 Graph No 14

INCIDENCE OF ARI PER 1,000 CHILDREN / 0 – 5 YEARS
Graph No 14



This intervention includes measures to treat colds, the use of antibiotics in case of acute pneumonia and immediate reference to the MOH facilities when necessary Cases of pneumonia and grave pneumonia have also decreased from 12% and 1 6% in 1993 to 9% and 0 3% in 1998 Lethality has been maintained at less than 0 30 per 1,000 ARI cases since standardized case management was implemented Graph No 15

ARI LETHALITY RATE/ 1,000 CASES
Graph No 15



II Institutional Strengthening of NGOs

This category was designed to assist NGOs in achieving project objectives efficiently and effectively Also contributing to improve overall NGO capacity and capabilities to sustain project interventions through the provision of multi-functional training and technical assistance

The institutional strengthening had focused in four basic areas

1 Implementation of maternal health and child health projects
2 Financial management and administration
3 Planning, monitoring, evaluation and corrective actions
4 Logistics and commodity control

Training and Technical Assistance (T/TA) has been provided in each phase of Project implementation including planning, budgeting, service delivery, medicines and supplies, monitoring and evaluation

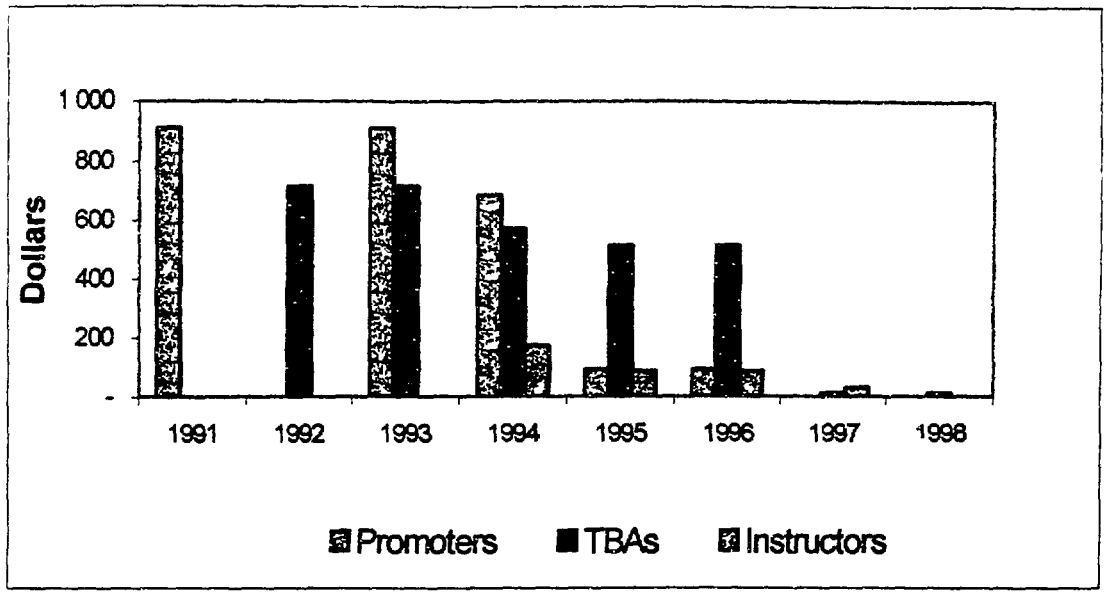
The strategy for institutional strengthening included basic training followed by individual technical assistance and continuing education Training has been provided to over 9,000 individuals These includes national conferences, basic courses, workshops in a wide range of technical and financial subjects Table 8

TRAINING ACTIVITIES, 1990 TO 1998
Table No 8

No of events	Type activity	No of participants
9	National Conferences a Interagency coordination and MHCS (UNICEF PAHO, MOH, NGOs) b CHOLERA in Latin America/El Salvador (MOH) c Acute Respiratory Infections Management, Treatment (REACH) d Maternal Health, Perinatal Health, Breastfeeding (MOTHER CARE) e Report to the Nation on PROSAMI activities	1,384
25	TBAs Basic Course	270
58	Health Promoters Basic Course	602
42	TBAs and Health Promoters continuing education	1,046
58	Workshops, seminars and IMCI training for technical personnel	2,430
55	Finances, administration, accounts and executive directs workshops	2,643
5	Warehouse management and control	121
16	Sustainability efforts for NGOs	383
25	Workshops Rotative founds of medicines	508
293		**9,387**

Substantial savings were realized, by developing an effective interagency coordination and the "train the trainers" program This program further assisted in the development of local resources to support the sustainability of project activities into the future, and substantially lowering the cost for training of health promoters, TBAs, and technical personnel from the NGOs Graph No 16

COSTS OF TRAINING PROMOTERS, TBAs, INSTRUCTORS
1991 – 1998
Graph No 16



The cost of training Health Promoters, TBAs and Instructors has decreased greatly, i e the cost of training a health promoter in 1990 was $1,000 and less than $10,00 in 1998 This reflects a good cost sharing experience with the participation of other donors, the MOH, NGOs and PROSAMI

The accomplishments of the institutional strengthening objectives was supported by the availability of experienced supervisory personnel and the means to reach NGOs and communities through a fleet of vehicles Each NGO received one or two vehicles as well as motorcycles and horses to facilitate their work and provide accessibility to remote areas

Since 1994 PROSAMI, maintained 8 vehicles for use by technical and financial supervisors, advisors and monitors A summary of vehicle performance and cost is presented in Tables No 9 and 10

COST OF MAINTENANCE AND FUEL FOR PROSAMI
ALL VEHICLES 1994 – 1998
(in Dollars)
Table No 9

Total expenses	58,964 30
Average cost/vehicle	7,998 80
Gallons of fuel used	20,595 14

PROSAMIS' VEHICLES 1990 - 1998
Table No 10

No of communities visited	9,029
No of kilometers covered	653,768
Percentage time in service	87%

III Coordination, Policy Development and Research

The main purpose of this category has been the promotion of mechanisms for coordinating health sector activities with the MOH for the selection of communities to prevent duplication of promoters at the community level Also, proper identification of needs of infants and children for vaccines against the six diseases of childhood, educational material for nutrition education and foods

Coordination with other local donors for the implementation of new activities in benefit of NGOs, such as Rotating Funds of Essential Medicines with UNICEF, expansion of Family Planning activities with UNFPA, needs assessment for water systems in rural communities with Project Concern, funds, equipment and materials for TBAs, from the Knights of Malta, BASICS grains from World Food Program/UN

Attempting to minimize the duplication of services, MSCI and project NGOs developed documentation that allowed for coordination of project activities community by community It summarizes the risk status of each village (canton) in the country according to a set of selected indicators, and reports the coverage of health promoters and trained midwives to date By the end of 1994, MSCI had published four issues of the document, ***Analysis of Risk in Health by Canton***,

one each year 1994 was the last year in which new NGOs were included in the Project

Joint Project Implementation

Joint implementation of activities has taken place primarily with the MOH, PAHO and UNICEF Some joint planning and training has also taken place with the Salvadoran Demographic Association, PLAN International and various projects supported by USAID and other donors such as the Embassy of the Netherlands

Policy Development

PROSAMI and NGOs have been actively involved with important National Committees such as Modernization of the Health System, Attention and Certification of Traditional Birth Attendants, National Reform Committee, National Working Group of Public Health, University of El Salvador, three sections of FESAL 1998, chaired by ADS

Beyond the direct effects on improved health conditions of the target population, PROSAMI has demonstrated the successful implementation of administrative structures, management and organization These efforts enable a variety of local health service provider entities to operate as a coordinated unit in an efficient and cost effective manner Establishing the foundations of sustainability was an added benefit of the project's activities

The project accomplishments not only benefited the communities and population served but they also represent an important contribution to specific USAID Mission Strategic Objectives The mid-term project evaluation, in part states

"Improved quality with equity in health and education is the fourth Strategic Objective of the Mission The Maternal Health and Child Survival Project has contributed to this Strategic Objective by providing access to essential primary health care services that were not available in 433 rural high risk communities before the PROSAMI Project began Also, the Project has established a three tier quality control system, 1) PROSAMI technical advisors, 2) NGO technical coordinators, and 3) NGO supervisor of the service provider, which are the community promoters "

"The contribution of the Project to equity has been the incorporation of the total population of 440,000 persons in rural high risk areas who heretofore did not have these services "[4]

[4] **Mid-Term Evaluation - Maternal Health and Child Survival Project (PROSAMI), November 1994, pg 121**

VIII EVALUATIONS AND AUDITS

Throughout the life of the Project, specialized technical assistance was provided in a wide range of professional services and specific project audits were conducted in the areas of project design, implementation, administration and finance Along with the specific recommendations and observations generated from these sources, the project was also formally evaluated on various occasions

The "Mid-term Evaluation of the Maternal Health and Child Survival Project (PROSAMI) - Project Number 519-0367", was performed during the period of September to November 1994 by a three member team from Bolivia and the U S who evaluated all aspects of the project The evaluating team indicated that "PROSAMI is a well managed and successful project which has already attained many of its objectives" The evaluation states in its section on "Findings and Conclusions" that

PROSAMI is successfully fulfilling its objectives in relation to organizing a network of NGOs to provide a uniform system of maternal health and child survival services The system appears to be very effective in reducing morbidity and mortality With appropriate training and supervision, community personnel with little formal education can successfully provide fairly complex primary health care services Also, a community based health delivery system consisting of a basal census, active case detection, simplified case management, immediate referrals of high risk patients, and health education and counseling, can effectively reduce morbidity and mortality rates

"With regard to the planning system for technical and financial control, the PROSAMI Project has developed very detailed innovative and appropriate reporting, monitoring and feed back systems to move information around the communities, the NGO's, and the central staff of PROSAMI These systems are important to express how management wants organizations to work and to make important changes The conclusion is, therefore, that the overall system has led to organizational clarity and control by independent NGO's, as opposed to central control by advisors "[5]

The presence of a central supervisory, training and normative organization is essential for the continued success of the network of organizations and system created by PROSAMI Among the most important recommendations contained in the Mid-term project evaluation is

"The PROSAMI network of NGOs and community-based maternal health/child survival primary health care system *has proved to be highly effective in reducing*

[5] **Mid-Term Evaluation - Maternal Health and Child Survival Project (PROSAMI), November 1994**

morbidity and mortality in rural communities of El Salvador This should serve as a model for projects in other areas "

Additionally, another independent project evaluation was conducted in September-October 1998 by UNICEF to determine the effectiveness of the rotation of funds and cost recovery of essential drugs provided by UNICEF to the communities served by PROSAMI This evaluation concluded that

"The main results of this evaluation, demonstrate an effective and efficient management of all administrative and technical aspects of the rotating funds *("Fondo Rotatorio de Medicamentos")* ", and " income from the sale of essential medicines, together with the various community contributions resulted in an average of 80% recovery of operating costs"[6]

Independent financial audits performed by the accounting firm of Price Waterhouse oopers concluded that strict accounting methods and controls have been implemented and followed by the project, resulting in efficient and transparent financial procedures These procedures provided the internal controls for the proper use of project funds in all purchases and activities throughout the project implementation period

[6] **Evaluation of "Projecto de Medicamentos Esenciales de la Iniciativa Bamako" - "Fondo Rotatorio de Medicamentos" (FRM) October 1998 Original written in Spanish**

11

IX LESSONS LEARNED

Among the most important lessons learned through the implementation of the PROSAMI Project are the following

"The various NGOs had a wide variety of management styles and structures as well as a wide variety of individual capabilities and capacities It is important not to place undue restrictions, nor to force diverse NGOs into one model of organizational design, but instead, a flexible system of good administration, planning and finance should be provided, and then the NGOs should be permitted to adapt these systems to their own organization and management styles as they see fit

The transition from dependence to independence is an important step in the process of developing the sustainability of the PROSAMI program by the NGOs, which comprise the network Developing plans for individual and collective action facilitates this by each organization on program sustainability, institutional permanence and financial self-sufficiency

"PROSAMI has demonstrated that a relatively diverse group of indigenous NGOs can be successfully organized into a coherent and collaborative network to effectively provide specific technical services (E g , maternal health and child survival services) PROSAMI has shown that community personnel with relatively little formal education can successfully deliver a relatively complex package of primary health care services when they receive adequate basic training, with complementary, regular supervision and continuing education Active case detection and simplified case management can be effective in reducing morbidity and mortality A community based health service system can significantly impact and improve community health Primary preventive services (education, promotion and protective measures to prevent health problems) are more effective if associated with and delivered as complements to secondary preventive services (diagnosis and treatment of prevalent health problems) "

"Many of the NGOs working with PROSAMI have highly sophisticated and creative ways of generating funds that help pay the administrative costs of other programs that need subsidies They are good examples of how to set up small business enterprises PROSAMI and the associated NGOs have implemented a number of advanced systems in accounting, inventory, payroll, accounts receivable, and purchasing "

A synopsis of some of the most important lessons learned throughout the life of the project includes the following

- PROSAMI has demonstrated that diverse NGOs can be successfully organized into a coherent network capable of providing efficient and cost-effective health-related services to a large sector of the population

- The project has shown that community human resources, with little formal education can be successfully trained to provide relatively complex services that have a direct and observable impact on community health conditions

- Maternal and child morbidity and mortality rates can be significantly reduced through the utilization of active case detection, simplified case management, opportune referrals, health education and counseling, when utilized in association with adequate basic training and regular technical supervision

- Varied management styles, organizational structures, and capabilities of NGOs can be effectively organized to function as a unit by the careful development and implementation of individual and collective action plans for program sustainability, institutional permanence and financial self-sufficiency

- Technical services provided either through a network of NGOs or a single NGO are optimized through close coordination with financial and managerial monitoring, evaluation and integrated decision making policies This type of close coordination among functional areas provides the basis for institutional sustainability as well as financial transparency and service delivery integrity

X SUSTAINABILITY

Because the NGOs that formed the PROSAMI network in the early project stages were also expanding and developing health providers initial project efforts were primarily directed at institutional strengthening of the particular NGOs within the network From project inception through 1996, the main areas of focus to establish sustainability were in the areas of

- Cost effectiveness
- Efficient service delivery
- Technical competence
- Financial controls
- Administrative and logistical controls
- Organizational structure
- Management

While these efforts have led to tangible benefits related to NGO management and service delivery, it was not until 1997 that "Integrated Health Planning and Budgeting" (IHPB) became the primary focus as a means to obtain sustainability This model approach was first included in the 1997 PROSAMI Annual Plan

This new approach focused on the integration of human, financial and organizational resources of the NGOs, and the ability to use these resources to enhance its position to participate in the public/private partnership Emphasis on leadership strengthened the complementary skills mentioned This integrated approach led to the expansion of opportunities for the NGOs, individually and collectively, to compete for finite resources and participate in the country's emerging economic growth

Thus, leadership training and development completed the range of skills necessary for the NGOs technical and administrative team to compete effectively in the emerging public/private sector for the limited resources available

The specific efforts to improve long term sustainability during the final two years of the project focused on

- Improving leadership and management capability
- Expansion of fund raising capacity, and the ability to identify funding sources
- Maintaining cost effective and efficient delivery of services
- Providing NGOs with a directory of funding agencies at the national and international level
- Providing training and technical assistance through specialized seminars and workshops

- Establishing connections with national and international agencies for fund raisings and entrepreneurial activities Many NGOs have developed sophisticated and creative ways for subsidizing programs

In the last year of the project, PROSAMI became affiliated with the Seraphim Foundation, Inc a US non-profit corporation based in Arlington, Virginia USA This new association is expected to facilitate continued presence of the service model in El Salvador, beyond the end of the project This important step is will also assist in the procurement of future funding, and provide continued support and development of local health service providers

While the earlier effort to create a sustainable NGO coordinating entity through CONSALUD was ended, the creation of a local NGO to continue the services and expertise developed through the Project is expected to be sustainable beyond the PACD This observation is based on two basic differences between the earlier attempt to sustain services and the establishment of the Seraphim Foundation, El Salvador Those differences are the continuity and vast experience provided as a result of the retention of selected staff members who provided technical assistance through the project and affiliation of the newly established NGO with both international and local NGOs to strengthen and sustain the organizations mission

In 1996, USAID transferred the supervision of eighteen of the original NGOs directly to the Salvadoran Ministry of Health These organizations continue to operate under the model developed by PROSAMI, and have demonstrated their capacity towards sustainability through different modalities of services such as low cost health services contracts with the communities, combination of health services and micro enterprises, etc

XI RECOMMENDATIONS

The PROSAMI project has made a unique and far reaching impact on rural health service providers and the population they serve The project funding and close relationship with USAID, represents a successful partnership, that has produced substantial results in the health service provider sector of El Salvador

Starting from ground level, the project has established an efficient health service provider network almost exclusively operated by project developed local staff, who for over eight years has demonstrated with quantified and measured outputs, many important achievements and accomplishments which have surpassed even those which were originally established as project goals

For purposes of illustrating how far reaching can be the effects of accessibility even to basic or primary health services, the analysis of data gathered during the project, leads to the general conclusion that most of the risk factors associated with maternal mortality, for example, could have been prevented with appropriate preventive measures

Given this background, the following actions are recommended beyond the PACD

- Strengthen the dialogue between MOH and NGOs, seeking NGOs active participation in the modernization of the national health system

- NGOs have developed the capacity to implement work techniques with an integrated approach that includes civil society, national and international donors This capacity should be promoted through the public sector including both local and international donor resources

- NGOs should continue their activities based on national health policies, and joint planning for the geographical distribution of communities in need of basic health services

- The network of health promoters and trained TBAs has demonstrated to be efficient and cost effective, therefore the major investment for the future should focus on strengthening the network, expanding the number of HP and TBAs and widening their responsibility to include, not only Maternal and Child Health, but environmental health, education, prevention of contaminated environment, preventive measures to eradicate diseases such as Toxoplasmosis, which affect great numbers of women in the eastern section of the country

- NGOs and HP, should continue developing interagency relationships and agreements with other donors to fulfill their objectives, i e with World Food Program, for management of donation of basic grains, with UNICEF

for the implementation of Rotating Funds of Essential Medicines, with UNFPA for comprehensive Family Planning Activities

- To maintain the continuous lowering of rates of maternal and child mortality and morbidity it is necessary to continue to provide monitoring, training and evaluation of HP and supervisory personnel This plan should be based on evaluation procedures and standarized monitoring, evaluation and diversified training, focusing on the community profile and the level of competence of HP

- The rates of Infant and Maternal mortality would be difficult to maintain without effective research to determine causes of death and develop preventive or curative actions Such research could be undertaken as either an integrated NGO program or a specific effort that is independent from the primary NGO functions

- The management information system developed by the project was instrumental to track annual activities and measure impact Those systems should be maintained to provide the basic data for future planning and decision making